



KickStart Motorbike Ministry – Application Form

Full Name of Child _____

Address _____

Date of Birth _____

School Attending _____

The child is currently living with: *please tick the suitable category*

Both Parents

Solo Parent *please specify whether mother or father* _____

Permanent Foster Parents

Temporary Foster Parents

Relatives

Other *please specify* _____

Does the child have any medical or psychological conditions? Yes No

If so please specify: _____

Does the child or his/her family currently access or utilize other support services such as respite care? Yes No

If so please specify: _____

Please list the child's interests and/or the sports he/she is involved in:

Please briefly describe the child's behaviour and personality and explain how you think KickStart will benefit the child:

