

THE THERAPY SCHOLARSHIP APPLICATION 2026

Therapy Scholarships are available for children to access therapy services provided by Kids Are Kids!, thanks to the support and generosity of the Azure Capital Foundation, The Wheeler Foundation, James Galvin Foundation, West Australian Naval Golf Society, a private foundation, and individual donors.

The closing date for applications is Thursday 9th July 2026 at 4:00pm.

Applications for the 2026 Therapy Scholarships are now open to any family whose child meets the following criteria:

- Aged between 0 - 18 years
- Has additional therapy needs
- Lives in Western Australia.

Priority will be given to applicants whose child's needs are not being met and whose needs are across one or more of the areas of language and communication, social/emotional development, sensory development, gross/fine motor skills, cognitive and learning skills.

Application and Attachments:

Please provide answers to the following questions and attach any additional information that you believe may support your application.

All information received will be maintained in confidence. Families may choose to have an advocate fill this application out on their behalf, with their consent.

Closing Date:

The closing date for applications is 4pm on Thursday 9th July 2026.

Send Application to: Lisa Hoffman, Executive Officer

Mail: Kids Are Kids! PO Box 1096, Booragoon WA 6954

Hand delivery: 26 Parry Avenue, Bateman WA 6150 or 16 Clarence Road, Armadale 6112

Email: info@kidsarekids.org.au

Notification:

Families will be notified of the application outcome by phone or email in August 2026.

Kids Are Kids! Therapy Scholarship Application Form

Child's name: _____

DOB: _____

Contact person (i.e., Parent/Carer): _____

Street Address: _____

Suburb: _____ State _____ Postcode: _____

Email: _____

Mobile: _____

A supporting letter from my GP/Paediatrician is enclosed (*optional*)

Is the child an Australian citizen or permanent resident?

Yes No

If no, please provide details:

Does the child identify as Aboriginal or a Torres Strait Islander?

Yes No

Is the application being completed by a third party on behalf of the family?

Yes No

If yes, please provide your name, role or relationship with child and contact details:

Please answer all questions on the application form and provide as much information as possible in each section. Additional reports or supporting documents may be attached to this application.

1. Profile of your child's situation – please describe the type of disability/difficulties your child has using the categories below. If relevant please include schooling, family situation, the effect and impact of the difficulty on the family and the child's quality of life.

Language and communication

Self-care, self-regulation and life skills

Social/emotional development

Sensory Development

Gross/fine motor skills

Cognitive and learning skills

Impact on the family

2. Therapy needs – please describe the most important therapy services your child would benefit from, including a list of the priority needs for your child.

Does your child require intensive/extensive therapy?

Yes

No

If yes, please describe

3a. Previous therapy services – please describe the type and amount of therapy your child has received in the past and which organisation provided the therapy.

Which category below best reflects your previous therapy situation? (Please select 1 box)

No services ever received

No services currently received but services received in the past 6 months

Currently receiving services

3b. Therapy currently being received – please describe the type and amount of therapy services your child currently receives and the provider.

Is the child registered with NDIS or Department of Communities- Disability?

Yes

No

Is the child receiving government funded therapy services

(Inclusive of Child Development Centre, DoC, NDIS)

Yes

No

Is the child currently on a waitlist for Department of Communities (DoC), CDS or NDIS? (Please mark as relevant.)

Yes No

If you responded yes, how long have you been on the waitlist?

Is the child currently on a waitlist for a diagnostic assessment or Paediatrician? (Please mark as relevant.)

Yes No

If you responded yes, which waitlist and how long have you been on the waitlist?

4. Anticipated outcomes – please describe how additional therapy services will benefit your child and your family.

How would additional therapy improve your child's participation and inclusion in both home, school and community activities and their independence?

5. Financial considerations – please describe the current financial situation of the family and how a therapy scholarship may assist with any financial difficulties.

To what extent is your family financially constrained? *(Tick one box only)*

- Very disadvantaged
- Somewhat disadvantaged
- Coping OK
- No financial issues

Total annual household income? *(Tick 1 only)*

- \$0 - \$50,000
- \$51,000 - \$75,000
- \$76,000 - \$100,000
- \$101,000 +

Does the family have private health cover? Yes No

Does the family have a health care card? Yes No

Does the family have a carers' card? Yes No

Declaration

I declare that all information presented in this application is true and correct. If I am awarded a Therapy Scholarship and any of my circumstances relevant to this application change I will notify Kids Are Kids! within 10 days of the change.

Parent/guardian name: _____

Parent/guardian signature: _____

Date of application: -----

Thank you for registering your interest in the 2026 Therapy Scholarship Program.