PEEP - Programs July 2026
Form Preview

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* indicates a required field

Personal Details

Organisation *
Organisation Name

Applicant Name *
Title First Name Last Name

Applicant Role *

Organisation Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

If your organisation has a website or social media page where you share your programs, membership, or para sport activities, feel free to include the link here. This helps us understand your organisation's work, but it's entirely optional and won't affect your application.

Sport / Impairment

What are the eligible health conditions of the athletes who will use the equipment requested? Multiple options can be selected *
☐ Impaired Muscle Power (i.e. complete or incomplete spinal cord injury, spina bifida, muscular dystrophy)
☐ Impaired Passive Range of Movement (i.e. arthrogryposis, joint contracture)

☐ Limb Deficiency and/or Limb Length Difference (i.e. amputation, congenital limb deficiency, dysmelia)
☐ Short Stature (i.e. achondroplasia, growth hormone dysfunction, osteogenesis imperfecta)
☐ Coordination Impairments: Hypertonia, Motor Ataxia, Dyskinesia (i.e. cerebral palsy, traumatic brain injury, stroke, multiple sclerosis)
☐ Vision Impairment (i.e. retinitis pigmentosa, rod cone dystrophy, diabetic retinopathy)
☐ Intellectual Impairment (i.e. have restriction in intellectual functioning & adaptive behavior which effects conceptual, social and practical skills required for everyday life)
☐ Other:

Summer Para Sport (If Applicable)
☐ Blind Football
☐ Boccia
☐ Goalball
☐ Para Archery
☐ Para Athletics
☐ Para Badminton
☐ Para Canoe
☐ Para Climbing
☐ Para Cycling
☐ Para Equestrian
☐ Para Judo
☐ Para Powerlifting
☐ Para Rowing
☐ Para Swimming
☐ Para Table Tennis
☐ Para Taekwondo
☐ Para Triathlon
☐ Para Shooting
☐ Sitting Volleyball
☐ Wheelchair Basketball
☐ Wheelchair Fencing
☐ Wheelchair Tennis
☐ Wheelchair Rugby

Winter Para Sport (If Applicable)
☐ Para Alpine Skiing
☐ Para Biathlon
☐ Para Ice Hockey
☐ Para Nordic Skiing
☐ Para Snowboard
☐ Wheelchair Curling

Decribe the athletes that will be impacted by the equipment requested (number of athletes, level of competetion, para sport involvement, categorisation etc.) *

Must be no more than 300 characters.

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Equipment

What is the specific Para sport equipment you require & include name of supplier if applicable (i.e Wheelchair Basketball chair - high point chair from RGK)? *

What is the cost of the Para sport equipment you are requesting? *

Must be a dollar amount.

If you are requesting any additional Para sport equipment, please provide detail. Please also consider any additional spares which may be required for some equipment items (eg tubes, tires, pumps for sport chairs)

What is the cost of the additional equipment you are requesting?

Must be a dollar amount.

What is the intended use of Para sport equipment requested. Please provide specific details if you are able to (up to 300 words) *

Word count:
Must be no more than 300 words.

Please outline current or potential barriers experienced without access to the equipment requested (up to 300 words). *

Word count:
Must be no more than 300 words.

Total Cost of Para Equipment Requested *

This number/amount is calculated.

Outline why you believe the equipment requested is good 'value for money' (up to 300 words). *

Word count:
Must be no more than 300 words.

Do you have the ability to appropriately store and maintain the Para sport equipment you are requesting? Please outline. *

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* indicates a required field

Additional Comments

Do you have any additional comments not captured in this application?

Word count:
Must be no more than 300 words.

If you have a quote or correspondence from a supplier detailing the cost of your request, please attach here or forward to equipment@paralympic.org.au
Attach a file:

Are you aware of a conflict of interest between the applicant, program or other party and the equipment supplier. If yes, please detail below *
- ○ Yes
- ○ No

Do you agree to participate in activity supporting the promotion and benefits of the program should your application be successful *
- ○ Yes
- ○ No

I have read the Para sport equipment guidelines in full? *
- ○ Yes
- ○ No

Do you agree to all terms & conditions as outlined in the PEEP guidelines? (Updated 01/10/2026)) *

- ○ Yes
- ○ No

Conflict of Interest

Please outline any relevant conflict of interest