

Yaburara and Coastal Mardudhunera 2024-2025 Member Application for Assistance

Applicant details:

Surname: _____ First Name: _____ DOB: _____

Residential address: _____

Phone: _____ Email: _____

Trust assistance category:

- | | |
|--|---|
| <input type="checkbox"/> Hardship \$2,000 per year | <input type="checkbox"/> Schooling Requirements \$1500 per year |
| <input type="checkbox"/> Whitegoods/Home Essentials \$3,000** | <input type="checkbox"/> Education Grant Program* |
| <input type="checkbox"/> Elders Payment \$1,000 per year | <input type="checkbox"/> Medical Assistance \$1800 per year |
| <input type="checkbox"/> Country and Culture \$2,000 per year* | <input type="checkbox"/> Critically Ill Medical* |
| <input type="checkbox"/> Funeral Travel \$500 per year | <input type="checkbox"/> Special Projects Application* |
| <input type="checkbox"/> *TAC approval required | <input type="checkbox"/> Employment Assistance \$500 per year |

**Whitegoods/Home Essentials cover a 5-year period

Summary of Request

Please give a detailed description of your request, if this application is for a child, or you are nominating a carer, please provide their information below:

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Goods/Services

Description of Items <i>Eg: food/fuel voucher, books, uniform, Dental treatment, prescription glasses</i>	Supplier/Name <i>Supplier /business name/reimbursement</i>	Amount
Comments:		

PLEASE PROVIDE BSB & BANK ACCOUNT DETAILS OR BPAY DETAILS (AND INVOICE IF APPLICABLE). *Please note, incomplete details may result in delays.*

IS THIS A REIMBURSEMENT?

Name of Service Provider	
Bpay	
Biller Code	
Reference number	

Account name	
BSB	
Account number	

Member Signature _____ Date: _____

MLCS Executive Services | Phone: 08 8363 7755

Email: assistance@wacrntbc.com.au