

Community Assistance Programs Application Form

Full Name:

Phone: Date of birth: / /

Email:

Address:

Suburb: State: Postcode:

If you know which Community Assistance Program you are applying for, please select from the options below (leave blank if unsure). One selection per application.

Health (Tick Box)

- Optical Dental
- Personal Health Specialist Health
- Ambulance Cover Healthy Homes

Funeral & Memorial (Tick Box)

- Funeral Services
- Memorial
- Funeral Expenses

Education, Sports, Music & Arts (Tick Box)

- Tuition Support Uniforms
- Technology Sports
- Music & Arts

Business (Tick Box)

- Start-Up/Seed Fund
- Growth Fund
- Career Support

Cost of Living Support (Tick Box)

- Cost of Living Support (Wellbeing)

As per attached*
invoice in the amount of \$

Groceries in the amount of \$

Fuel in the amount of \$

Lore & Culture (Tick Box)

- Lore
- Culture
- Sorry Business

Do you require travel assistance? Yes No

Are you an elder? (55 or over) Yes No

Have you attached your supporting documentation or invoice? Yes No
(Invoice/Quote MUST have relevant bank details or electronic payment information)

Signature of applicant: Date: / /

Disclaimer:

All applications for the Kokatha Aboriginal Corporation RNTBC Community Assistance Programs will be triaged and prioritised on a case-by-case basis. Please refer to the processing turnaround times detailed in the program booklet for more information. Processing times may vary depending on the nature of your application and available resources.