|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REQUEST FOR ASSISTANCE YINDJIBARNDI PEOPLE COMMUNITY TRUST** | | | | |
| **YINDJIBARNDI PEOPLE:**  **ONE application per member ONLY** | | | | |
| **Member Details:** *(all fields must be completed)* | | | | |
| Member Name: | | Contact Number: | | |
| Email Address: | | 2nd Contact Person/Number: | | |
| Home Address | | | | |
| What is your normal source of income: (Please circle) Centrelink / Wages / Salary / Other | | | | |
| Do you receive assistance from any other language groups if so to what amount has been granted? | | | | |
| **Type of assistance required:** *(tick assistance that you require)*  *Invoices/Quotes MUST BE ATTACHED* | | | | |
| **Tick** | **Type of Assistance** | **Supplier name & contact details (who do we pay)** | | **Total Cost** |
|  | Funeral assistance:  Amount paid directly to Funeral director  Please attach funeral notice |  | | Trust to fund amount of $12,000 any exceeded costs covered by family |
|  | Funeral travel: |  | | One off cost of $250 per member per year |
|  | Emergency (please see guidelines on the reverse side): |  | |  |
| **Further Notes: (Applications can take up to 7/10days for processing)** | | | | |
| ***Checklist:*** *Please read application and ensure that you have provided all relevant information. Please note application may be declined if information is missing, and we are unable to contact you* | | | | |
| Signature: | | | | |
| Date Application Submitted: | | | | |
| **OFFICE USE ONLY**  **APPROVED / NOT APPROVED** | | | | |
| Date received in office: | | | By: | |
| Date approved by directors: | | | By: | |
|  | | | | |

**\*Staff abuse is not tolerated and can result in a 3-month benefits suspension\***

**Please send this to our Executive Assistant:** [members@yindjibarndi.org.au](mailto:members@yindjibarndi.org.au)

**Or return in person to the YCCL Office at the Ganalili Centre**