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| **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

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