



# GUMALA ABORIGINAL CORPORATION

12.0

## LORE & CULTURE FAMILY ASSISTANCE

### Registration Form

NAME OF MEMBER APPLYING: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_

Language Group:  Banyjima  Innawonga  Nyiyaparli

RELATIONSHIP TO BOY: Mother  Father  Primary Caregiver

*(Must be related by blood)*

If primary caregiver give details (e.g. aunt, uncle, etc) \_\_\_\_\_

#### BOYS DETAILS:

NAME: \_\_\_\_\_ Lore Ground you are attending: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_

Birth Certificate supplied: YES  NO  Language Group: \_\_\_\_\_

#### PARENTS DETAILS: *(must be parents by blood e.g. not adopted or in your care, etc)*

MOTHERS NAME: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_

MEMBER: YES  NO  Language Group: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_

MEMBER: YES  NO  Language Group: \_\_\_\_\_

#### Family members authorised to access funds on my behalf :

*(Please note: The below must be Gumala Members)*

Name:	Phone:
Name:	Phone:
Name:	Phone:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward completed applications to: Fax: 08 9188 1846 Email: [gac@gumala.com.au](mailto:gac@gumala.com.au)

#### Office Use Only

Date received: _____	By: _____
Comments: _____	
Date processed: _____	By: _____
Comments: _____	