



GUMALA ABORIGINAL CORPORATION

2.1

MEDICAL PROGRAM

Waiver Form

NAME: _____

ADDRESS: _____

DOB: ____ / ____ / ____ **MOBILE:** _____ **HOME:** _____

FAX: _____ **EMAIL:** _____

Language Group: Banyjima Innawonga Nyiyaparli

FUNDS REQUESTED FOR:

FUNDS TO BE TRANSFERRED FROM: *(tick one or both programs as required)*

Computer Program Sport & Recreation Program

Please Note:

Your application will be processed within 7 days once all paperwork has been received.

Signature: _____ **Date:** _____

Forward completed applications to: **Fax:** 08 9188 1846 **Email:** gac@gumala.com.au

Office use only

	Program Balances		Funds Transferred	
Ancillary:	\$ _____	Date: _____		
Computer:	\$ _____	Date: _____	\$ _____	Date: _____
S&R:	\$ _____	Date: _____	\$ _____	Date: _____

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