

## APPLICATION FORM

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

ADDRESS: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. Language Group:  Nyiyapali  Banyjima  Innawonga

2. Funds Requested:

Item ↓	Amount
Total	\$

3. Have you received help or contributions for this request from anyone else? (include your personal contribution):  NO  YES, If yes, details: \_\_\_\_\_

4. Supplier Details

Include Name and contact phone and fax # also how Supplier would like their payment (e.g. Purchase Order, Direct Deposit, BPay, Credit Card)

Company Name ↓	Phone #	Fax #

**NOTE:**

- (1) Your application will be processed when it is fully complete with appropriate documentation/quotes attached. Food/Fuel vouchers can take up to 2 days, all other applications may take up to 7 days.
- (2) If you are unhappy with the decision you can appeal. GAC can assist you with this.
- (3) Payments are **ONLY** made directly to suppliers.
- (4) All applications will be assessed according to GAC Funding Guidelines to ensure a fair and just outcome.

**PLEASE CHECK THE FOLLOWING**

- I have **FULLY** completed this application.
- I have attached **ALL QUOTES** and/or **FULL COPIES OF BILL DETAILS** (front and back pages).  
(Unless this information is received your application cannot be processed)
- I have read and understand the attached Health and Wellbeing Benefit Information Sheet

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

Please forward your fully completed application to the:

**Member Services Unit, Gumala Aboriginal Corporation, PO Box 61, TOM PRICE, WA 6751****PH: 1800 486 252 (1800 GUM ALA) / 08 9188 1845 / FAX: 08 9188 1846****EMAIL: [memberservices@gumala.com.au](mailto:memberservices@gumala.com.au)** - the SUBJECT HEADING must include the following:  
YOUR NAME, HEALTH & WELLBEING PROGRAM

The aim of the program is to improve the health and well being of members through providing a one-off grant of \$2,500 (*inc. GST*) from 01.07.10 to 30.06.11.

**The program is to be used for the following purposes:**

- The purchase and repair of white goods
- The purchase of household goods, but **EXCLUDING** computers, gaming machines and associated games (eg Xbox, Playstation, etc), alcohol or cigarettes.
- The payment of rent, electricity, water and telephone accounts (utilities). Please fax the **whole bill** (not just the front page).
- The repair and maintenance of a motor vehicle.
- Purchase of vehicles will require proof of registration. If private sale a transfer of ownership, registration and signed statement from seller must be provided.
- Food Vouchers to the value of \$400
- Other requests (i.e. accommodation, travel, fines, birth certificates, etc.) will be assessed on a case by case basis.

**Members are eligible for this program if they are:**

- Over 18 years of age.
- Are clearly registered as a Member of Gumala Aboriginal Corporation at the time of their application.
- Are **NOT** currently in receipt of the Gumala Pensioner Support Program funds (*Gumala members listed on the pensioner support scheme are not eligible*).

**Applicants for this GAC One-Off Health and Well-being program must:**

- Complete an Application Form (*Form 1.0*) specifying the purposes for which the benefit will be used (GAC can assist with this).
- Attach a full copy of bills and/or quotes.
- Submit a letter to support your application if it is outside the guidelines.

**Please Note:**

- Applicants will be notified of the outcome of their application within **7 working days** of GAC receiving all required documentation.
- Retrospective payments for goods will not be made.
- Payments cannot be made to individuals – they can only be made to third party suppliers.
- Benefits are not transferrable to another person.

**ON YOUR APPLICATION FORM PLEASE CHECK THE BOXES AND SIGN**

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