

Banjima Native Title Aboriginal Corporation (BNTAC) RNTBC - ICN: 7971

1.9 BCT MEDICAL HEALTH AND WELLBEING APPLICATION FORM

MEMBERS DETAILS - This section must be completed
 To be eligible for this assistance, an applicant must meet beneficiary criteria as follows:

1. A registered Banjima beneficiary
2. A registered Daisy beneficiary
3. Birth Child registered under the above membership

Members Full name (incl. middle name):	
Contact phone number:	
Residential address:	
Postal address: (if different from your residential address)	
Email address:	
Date of Birth:	

Beneficiary Allowance: <i>Please Note: You will need to provide a copy of your "letter of support" from your registered health professional.</i>	
<u>Medical Health & Wellbeing</u> – does not include travel	\$ 1,000
<u>Critically and/or Terminally ill</u> - hospitalised patient support - incl. travel	\$5,000
<u>Medical Escort Support</u> – incl. travel	\$2,000

ASSISTANCE AND SUPPORT FOR HEALTH: <i>Support for health and wellbeing.</i>		
<input type="checkbox"/> Medical equipment and supplies - medication prescriptions, glucose monitors, breathing appliances etc;	<input type="checkbox"/> Specialist treatments e.g. podiatry, dermatology, fertility;	<input type="checkbox"/> Dental - dental check and treatment;
<input type="checkbox"/> Optical - annual eyes check and prescription glasses	<input type="checkbox"/> Medical travel assistance	<input type="checkbox"/> Ambulance - ambulance cover
<input type="checkbox"/> Private Health Insurance	<input type="checkbox"/> Gym Membership	<input type="checkbox"/> Travel (Please complete Travel Form and attach)
<input type="checkbox"/> Dietary/ Weight Loss	<input type="checkbox"/> Counselling and Support Services	

