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MOB: 0409 335 136 - OFFICE

Post: 2/969 Abernethy Road, High Wycombe WA 6057

FY2024 MIB LORE & CEREMONIAL ASSISTANCE APPLICATION FORM Individual Payments ONLY

MEMBER DETAILS - This section **MUST** be completed.

To be eligible for this assistance, an applicant must meet beneficiary criteria as follows:

1. A registered MIB Banjima beneficiary
2. A registered beneficiary on the Banjima Native Title Aboriginal Corporation
3. Birth Child registered under the above membership.

| | | | |
|--|--------------------------|----------------|--|
| Applicants Full Name (inc. middle name): | | | |
| Contact Phone Number: | | Date of Birth: | |
| Residential Address: | | | |
| Email Address: | | | |
| Name of boy supporting through Lore: | | Lore Ground: | |
| Dates of attendance at Lore Ground: | From | To | |
| Is this a Banjima Lore Ground? | Yes / No (please circle) | | |

LORE & CEREMONIAL ASSISTANCE:

Support to travel to, and attendance at, Lore grounds to continue the practice of Banjima Lore and Ceremony.

Assistance to individuals is available for MIB Common Law Holders with Sons going through the Lore, assistance for MIB Banjima People to participate in Banjima Lore & Ceremonial activities, and assistance for MIB Banjima people to travel to any other Lore grounds.

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|---|--------------------------|-----------------------------------|--------------------------|
| (E) MIB MEMBERS ATTENDANCE AND PARTICIPATION FOR THE FULL DURATION OF LORE | | \$5,000.00 PER PERSON | <input type="checkbox"/> |
| (F) BENEFICIARY ALLOWANCE: BENEFICIARIES IDENTIFIED ON PARTICIPATION TOP-UP COMMITTEE APPROVAL | | \$10,000.00 PER LORE BOY | <input type="checkbox"/> |
| Food / Fuel | <input type="checkbox"/> | Tools for ceremonial purposes | <input type="checkbox"/> |
| Vehicle Repairs / Bower Sheds & Materials / Accommodation | | <input type="checkbox"/> | |
| (J) WEEKEND CEREMONIAL SUPPORT: PARTICIPATION FOR OPENING & CLOSING CEREMONIES | | \$1,000.00 per beneficiary | |
| Food / Fuel | <input type="checkbox"/> | Camping Equipment | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |
| Food / Fuel / Bower Sheds / Vehicle repairs / Accommodation / Camper vans & trailers / Travel expenses / Ceremonial tools | | | <input type="checkbox"/> |
| ADDITIONAL COMMENTS / SUPPORTING INFORMATION: | | | |
| | | | |

| DETAILS OF REQUEST: (No cash payments or reimbursements to beneficiaries is allowed) | | | | |
|--|---------------------------|-------|-------------------|--------|
| Items | Supplier & Store Location | Phone | Invoice / Quote # | Amount |
| | | | | |
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PLEASE NOTE: Applications for Lore & Ceremonial Assistance requires a minimum of 2 days notice.

APPROVALS: Two committee approvals are required for your application to be processed - White Springs will administer this process.

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|---|---|
| Checklist of required documents: | |
| <input type="checkbox"/> | Quotes / invoices for items requested have been received |
| <input type="checkbox"/> | Beneficiary has not exceeded funding available in corresponding program |
| <p>If any supporting documentation has not been included White Springs will contact the member to advise. This may delay the processing of the application.</p> <p>White Springs will make several attempts to contact the member. If a response is not received from the member within two days, the application will lapse and become inactive.</p> <p>If the member wishes to proceed with the application at any time, they should contact White Springs to reactivate the application. Updated support documents may be required at this time. You can cancel your application upon request.</p> | |

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| Declaration: |
| <p>I declare that the information I have provided above is true, complete and accurate.</p> <p>I authorise White Springs to speak to any interested suppliers / parties about my application. White Springs will not provide confidential or sensitive information to interested parties without explicit consent from myself.</p> <p>I understand that, in accordance with the Banjima Charitable Trust Deed, no cash payments or reimbursements can be made to me or any other MIB Beneficiary.</p> |

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|------------|-------|
| Signature: | Date: |
|------------|-------|

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|------------------------|-------------------|--------------------------|-------------------|--------------------------|
| Office Use ONLY | | | | |
| Committee Approval | Quinton PARKER | <input type="checkbox"/> | Wesley CAREY | <input type="checkbox"/> |
| | Trevor PARKER Snr | <input type="checkbox"/> | Maitland PARKER | <input type="checkbox"/> |
| | Travis PARKER | <input type="checkbox"/> | Trevor PARKER Jnr | <input type="checkbox"/> |