

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

**1.0 TRAVEL ASSISTANCE
SUPPLEMENTARY FORM**

MEMBERS DETAILS - This section <u>must</u> be completed	
Applicants Full name (incl. middle name):	
List of all traveller's full names Include DOB for children	
Note; if a child of 5 – 11 years is travelling alone, please attach an Unaccompanied Minor form	
Frequent Flyer (FF) program	FF card number _____ FF program airline name _____ FF cardholder name _____

Tick the box of the application that this travel assistance is supporting:

BCT Policies		MIB Policies	
<input type="checkbox"/> 1.1 BCT Education	<input type="checkbox"/> 1.2 BCT Funeral	<input type="checkbox"/> 2.1 MIB Education	
<input type="checkbox"/> 1.3 BCT Elderly Disabled & Infirm Assistance	<input type="checkbox"/> 1.4 BCT Sport and Recreation	<input type="checkbox"/> 2.4 Lore & Ceremonial	
<input type="checkbox"/> 1.5 BCT Healthy Living Project	<input type="checkbox"/> 1.7 BCT Lore and Culture	<input type="checkbox"/> 2.5 MIB Health	
<input type="checkbox"/> 1.9 BCT Medical Health and Wellbeing		<input type="checkbox"/> 2.6 MIB Healthy Living Project	

FLIGHT DETAILS

Departing Location		Arrival Location	
Airline			
Outbound Flight		Return Flight	
Flight Number		Flight Number	
Departing Date		Departing Date	
Departing Time		Departing Time	

Accommodation

Hotel Name			
Location			
Room Type			
Check in date		Check out date	
Extras Needed?	<input type="checkbox"/> Meals <input type="checkbox"/> Parking <input type="checkbox"/> Cot		
Have you already made a booking at your requested accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach booking confirmation or provide booking number here: _____			

Comments:

Signature:

Date: