

**Banjima Native Title Aboriginal Corporation (BNTAC) RNTBC - ICN: 7971**  
**1.3 BCT ELDERLY DISABLED & INFIRM ASSISTANCE**  
**APPLICATION FORM**

<b>MEMBERS DETAILS - This section <u>must</u> be completed</b>	
To be eligible for this assistance, an applicant must meet beneficiary criteria as follows:	
<ol style="list-style-type: none"> <li>1. A registered Banjima beneficiary</li> <li>2. A registered Daisy beneficiary</li> <li>3. Birth Child registered under the above membership</li> </ol>	
Members Full name (incl. middle name):	
Contact phone number:	
Residential address:	
Postal address: (if different from your residential address)	
Email address:	
Date of Birth:	

<b>ASSISTANCE AND SUPPORT FOR ELDERLY DISABLED AND INFIRM:</b> <i>Support of the health and wellbeing needs of elderly (over 55-year-old), disabled and infirm Banjima beneficiaries and their dependents.</i>			<b>Please provide copies/photo of the following Concession Cards:</b> <ul style="list-style-type: none"> <li>• Elderly Pension</li> <li>• Disability &amp; Infirm Pension</li> <li>• Carers Pension</li> </ul>	
Occupational Therapy, Mobility Products, including (but not limited to)	Medical Equipment (including but not limited to)	Personal Care (including but not limited to)	Social/Cultural Activities- to increase engagement and participation (including but not limited to)	Vehicle Repairs and Maintenance (but not limited to)
<input type="checkbox"/> Wheelchairs	<input type="checkbox"/> Blood pressure monitors	<input type="checkbox"/> Meals	<input type="checkbox"/> Inclusion in Community, Social & Cultural Events	<input type="checkbox"/> Car repairs
<input type="checkbox"/> Mobility Scooter	<input type="checkbox"/> Nebulizers	<input type="checkbox"/> Carer Service	<input type="checkbox"/> Involvement in programs or classes i.e Art, Dance or Lore and Culture Ceremonies	<input type="checkbox"/> Tyres
<input type="checkbox"/> Walking frame or stick	<input type="checkbox"/> Glasses	<input type="checkbox"/> Palliative Care		
<input type="checkbox"/> Bed/s	<input type="checkbox"/> Hearing Aids			
<input type="checkbox"/> Recliner				

<b>Beneficiary Allowance:</b>	
<i>Please Note: You will need to provide a copy of your "letter of support" from your registered health professional.</i>	
Elderly, Disabled and Infirm Support	\$ 7,000

<b>DETAILS OF REQUEST: (Note; no cash payments or reimbursements to beneficiaries are allowed)</b>				
Items	Supplier	Phone	Invoice/Quote Number	Amount
<b>Total</b>				

Comments:

**Checklist of required documents:**

	Copy of concession card (Elderly Pension, Disability & Infirm Pension, Carers Pension)
	Quotes/invoices for items requested
	Letter of support from registered health professional or registered support worker
	Birth certificate of children under 18 years (this is required to show biological link to adult Banjima/Daisy person)

If any supporting documentation has not been included BNTAC will contact the member to advise. This may delay processing of the application.

BNTAC will make several attempts to contact the member. If a response is not received from the member within one month, the application will lapse and become inactive.

If the member wishes to proceed with the application at any time, they should contact BNTAC to reactivate the application. Updated support documents may be required at this time.

**Declaration:**

*I declare that the information I have provided above is true, complete and accurate.*

*I authorise Banjima Native Title Aboriginal Corporation (BNTAC) to speak to any interested parties about my application. BNTAC will not provide confidential or sensitive information to interested parties without explicit consent from myself.*

*I understand that, in accordance with the Banjima Charitable Trust Deed, no cash payments or reimbursements can be made to me or any other Banjima/Daisy beneficiary.*

Signature:

Date: