

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

1.9 BCT MEDICAL HEALTH AND WELLBEING APPLICATION FORM

MEMBERS DETAILS - This section <u>must</u> be completed To be eligible for this assistance, an applicant must meet beneficiary criteria as follows: <ol style="list-style-type: none"> 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>	
Medical Health & Wellbeing – does not include travel	\$ 1,000
Critically and/or Terminally ill - hospitalised patient support - incl. travel	\$5,000
Medical Escort Support – 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"/> Counselling and Support Services
<input type="checkbox"/> Dietary/ Weight Loss	<input type="checkbox"/> Flights & accommodation (please attach supplementary travel form)	

DETAILS OF REQUEST: (Note; no cash payments or reimbursements to beneficiaries are allowed)

Items	Supplier	Phone	Invoice/Quote Number	Amount
			Total	

Comments:

Checklist of required documents:

<input type="checkbox"/>	Birth certificate of children under 18 years (this is required to show biological link to adult Banjima/Daisy person)
<input type="checkbox"/>	Letter of support from registered healthcare professional. Escort persons must be <u>named</u> in any support letter.
<input type="checkbox"/>	Quotes/invoices for items requested

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:
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