

**MURUJUGA ABORIGINAL CORPORATION**

**PO BOX 1544, KARRATHA WA 6714**

**APPLICATION FOR ASSISTANCE**



NAME OF APPLICANT:

SURNAME: .....FIRST NAME: .....

RESIDENTIAL ADDRESS: .....

PHONE/MOBILE: .....

EMAIL ADDRESS:.....

DATE OF BIRTH: ...../...../.....

PURPOSE OF APPLICATION (please provide details):

REIMBURSEMENT: Members Bank Details

BSB:..... Account No:  
.....

Account Name:.....

Total Amount to be Reimbursed/Paid \$.....

***\*IMPORTANT: You will need to attach all supporting documentation and applicable quotes/invoices before your application can be approved.***

**Please allow a minimum of 5 business days from the date MAC received your completed application for processing and approval.**

**TRUST OBJECT CATEGORY (Please tick the category that applies to your request):**

- MEDICAL EXPENSES – 9-7001
- EDUCATION AND TRAINING ASSISTANCE – 9-7002
- LORE AND CULTURE – 9-7003
- FUNERAL ASSISTANCE – 9-7004
- ELDERS ASSISTANCE – 9-7005
- ADULTS ASSISTANCE – 9-7011
- SPORTS/CAMPING ASSISTANCE – 9-7006
- SMALL BUSINESS ASSISTANCE – 9-7007
- DISCRETIONARY ASSISTANCE – 9-7008

NOTES: Office Use Only

	Date	Initial
<b>Stage 1 –</b> Approval Status		
<b>Stage 2 –</b> Approved – Create & Send Purchase Order		
<b>Stage 3 –</b> Enter Purchase Bills		
<b>Stage 4 –</b> Print Letter / Application Attached		

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**APPLICANT SIGNATURE**

**DATE**

**\*NB:** If you require assistance to determine what you can apply for please contact the Murujuga Aboriginal Corporation on 08-9144 4112. Please send your completed form to our office on: Fax 08-91838130 or Email: applications@murujuga.org.au

**I DECLARE THAT I AM A MEMBER OF THE:**

- Ngarluma
- Yindjibarndi
- Yaburara
- Mardudhunera
- Wong-Goo-Tt-Oo.

**FOR OFFICE USE ONLY**

- The Applicant is a member of Murujuga as defined in the Rules:  YES  NO
- The Applicants assistance balance for the relevant criteria has been checked and has \_\_\_\_\_ available:  YES  NO
- The application is for a purpose that satisfies the Policies of the Corporation:  YES  NO
- Supporting documentation/invoices received  YES  NO

**FOR BOARD USE ONLY**

**DATE APPLICATION RECEIVED BY MURUJUGA ABORIGINAL CORPORATION:** ...../...../.....

**OPTIONS:**

- A.  THIS APPLICATION HAS BEEN APPROVED BY THE MURUJUGA ABORIGINAL CORPORATION BOARD OF DIRECTORS

OR

- B.  THIS APPLICATION HAS NOT BEEN APPROVED BY THE MURUJUGA ABORIGINAL CORPORATION BOARD OF DIRECTORS
- C.  PRE APPROVED APPLICATION

**LETTER/SMS TO APPLICANT ADVISING OF DECISION SENT**

ON THE ...../...../.....  SMS  LETTER