

ROBE RIVER KURUMA CHARITABLE TRUST

Distribution Application Form

**ROBE RIVER
KURUMA**
ABORIGINAL
CORPORATION RNTBC
ICN 7612



Your details

Application date

Full name

Date of birth

Address

City/Suburb

State

Postcode

Email

Phone

Who are you seeking assistance for (E.g. Child)?

Full name

Date of birth

Relationship to
applicant

Members will be notified of the outcome of their application within ten (10) working days of RRKAC receiving all required documentation.

Fund you are applying for



Medical Assistance

Category A - Critical and Ongoing

\$20,000 max per year

Category B - General Medical

\$3,000 (>50)

\$5,000 (<50) max per year



Lore and Culture

RRK Boy going through Lore - \$6,000 max
per family of boy

Participation in Lore - \$1,000

**Participation in activities on RRK
country** - \$1,000 max per year

NAIDOC celebrations - \$200 max per year



Hardship

\$7,000 (60yrs + & pension card holders)

\$5,000 (50 - 59yrs)

\$2,000 <50yrs)



Education and Child Development

Childcare - \$5,000 max per year

Primary - \$1,000 max per year

Secondary - \$5,000 max per year

Tertiary/university - \$10,000 max per year

Computer - \$1,500 max every 3 years

Employment - \$2,500 max every 3 years



Funeral

Funeral - \$25,000 max per year

Funeral attendance - \$200



Living Stronger

\$1,500 flexible funding

Details of assistance required

Please explain why you require assistance?

Item/assistance requested	Amount	Supplier

Have you sought or received help from anywhere else? Yes No PATS

If yes, where?

Amount?

Are quotes/invoices for items requested attached? All invoices must be supplied with your application at the time of submission, including payment details etc.

Yes No

Checklist

Education

Proof of enrolment attached

Hardship

Proof of hardship attached (income tested Government assistance such as Centrelink or Pension, or can demonstrate significant Hardship).

Lore and Culture Assistance

Cultural endorsement received by RRKAC

Medical Assistance

Have you approached PATS for assistance?

Written evidence and documentation from a doctor/medical specialist/health professional attached. All corresponding evidence MUST be supplied with your application at the time of your submission.

Declaration

Please tick each point to confirm you have read and understand the declaration you are signing.

All information and details on this form are accurate and true.

I understand that all information contained within and attached to this application may be shared with RRKAC and KML.

I understand that it is my responsibility to ensure that my contact details are correct and that I am contactable by RRKAC. I am aware that if I am not contactable for a period of seven days from the date of applying for assistance, my application will be withdrawn and not processed. I will be required to make a new application for further assistance.

I understand that the bills/items to be paid will be paid direct to the supplier only.

I understand that if I have reached the maximum annual limit for this funding type, my application will be rejected.

I will not sell, swap or exchange any items, products, fuel, food, gift cards or equipment purchased by the trust directly or by me through gift cards for personal gain.

I understand that I (or any person who assisted me to complete the form) may be contacted regarding my application if further information is required for assessment and prioritisation purposes.

Should my application be successful I am fully responsible for the repairs and maintenance of any goods or the utilisation of services once acquired.

If my application is successful, I will inform RRKAC of any change in my financial circumstances.

I agree that if I am found misusing KML Charitable Trust Funds in any way that I may be disqualified from accessing further funding from the Charitable Trust for a period of up to 12 months.

I agree to ALL terms and requirements of the KML Charitable Trust Fund policies, including the Members Support Program Policy.

I am not claiming benefits from another source for this expense.

I understand that my application will be processed by RRKAC within TEN (10) business days once all required supporting documentation has been received. I am aware that any attempts made by me to bypass any steps in the process will be seen as a deliberate breach of process and will disqualify me from accessing further funding from the Charitable Trust for a period of up to 12 months.

I confirm I am a registered beneficiary of the Kuruma Marthudunera Limited Trust

Acceptance

Applicant Signature

Date

If you received help to complete this form please supply details below:

Name

Phone

Signature

Please send completed forms and supporting documents to RRKAC by

Fax: (08) 9185 6006

Email: memberservices@rrkac.org.au

Mail: RRKAC, PO Box 1944, Karratha WA 6714

If you have any queries please contact us on (08) 9185 5005

Please confirm your preferred method of contact for all RRKAC communications and notices, this will be updated on your profile for future mail-outs

Email

Post

RRKAC Facebook

OFFICE USE ONLY

Date Received

Date entered into ATMS

Received by

Entered by

Validated