

**South West Bojarah (SWB)
Charitable Trust**
APPLICATION FOR FUNERAL ASSISTANCE

GUIDELINES FOR PAYMENTS OF FUNERAL ASSISTANCE

1. Payments made under this category must be made directly to the funeral director, funeral home or other service provider.
2. All unspent funds must be returned to the SWB Charitable Trust.
3. No money is to go to the individual or any family member of the deceased person.
4. Amounts up to the amount of \$1,000 can be applied for once eligibility has been confirmed.

OTHER SERVICE PROVIDERS WHICH MAY PROVIDE ASSISTANCE

Centrelink
Dept. of Aboriginal Affairs
Dept. of Child Protection and Family Support
Funeral Insurance or Funeral Plan

Have you applied for Funeral Assistance from another Noongar trust? YES NO

APPLICANTS DETAILS

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE NO: _____

ARE YOU A MEMBER OF THE SOUTH WEST BOOJARAH CLAIMANT GROUP? YES NO

DECEASED PERSONS DETAILS

NAME OF DECEASED: _____

DATE OF BIRTH: _____

IS THE DECEASED A MEMBER OF THE SOUTH WEST WEST BOOJARAH CLAIMANT GROUP? YES NO

APPLICANTS CONSENT TO RELEASE INFORMATION

I, _____, give permission for the SWALSC Researchers to release all information relating
(Name of Applicant)

to my application (including family tree and other relevant documentation to determine my connection to the SWB) to the Trustee for the SWB Charitable Trust, Equity Trustees.

APPLICANT'S SIGNATURE: _____ DATE: _____

**DETAILS OF DECEASED'S FAMILY CONNECTION TO THE
SOUTH WEST BOOJARAH CLAIMANT GROUP**

MOTHER'S SIDE	SURNAME	GIVEN NAME	FATHER'S SIDE	SURNAME	GIVEN NAME
MAIDEN NAME: →			NAME: →		
GRANDMOTHER'S MAIDEN NAME: →			GRANDMOTHER'S MAIDEN NAME: →		
GRANDFATHER'S NAME: →			GRANDFATHER'S NAME: →		

FUNERAL DETAILS

DATE OF FUNERAL: _____

FUNERAL DIRECTORS NAME: _____

TELEPHONE NO: _____

INVOICE NO: _____

(Please attach the Invoice to this application)

FUNERAL DIRECTORS BANK ACCOUNT DETAILS:

NAME:	BANK:	BSB:	ACCOUNT NO:

DECLARATION BY THE APPLICANT

I declare that all the information provided with this application is true and correct to the best of my knowledge. I acknowledge that any decision made in relation to this application is at the complete discretion of the South West Bojarah Charitable Trust Advisory Committee, and in the event assistance is provided and it transpires that I have knowingly provided false or misleading information, that this application will be rejected and that I may be requested to repay any monies expended from the Trust as a result of that false and misleading information.

APPLICANT'S SIGNATURE: _____

DATE: _____

PLEASE FORWARD YOUR COMPLETED FUNERAL ASSISTANCE APPLICATION WITH AN INVOICE FROM THE FUNERAL SERVICE PROVIDER TO:

Email (fastest way) communitytrusts@egt.com.au

Post - Equity Trustees

South West Bojarah Charitable Trust

Level 12, 197 St Georges Terrace, PERTH WA 6000

Fax - (03) 8623 5200

Enquiries - 1300 133 472