CBP Funeral and Tombstone Application Form Preview

Funeral and Tombstone Applicant

* indicates a required field

Before completing this application form, please ensure you have read the WYCBT Grant Guidelines & Information document. This will help ensure you apply for a grant in the correct program. The guidelines also provide details as to the eligibility criteria.

WYCBT Grant Guidelines & Information

The Community Benefit Program grants program provides one-off assistance towards the cost of a funeral and/or one-off assistance towards the cost of a tombstone.

The funding application is capped to a maximum amount of:

- Funeral \$5,000 and/or,
- Tombstone \$2,000.

If you have any queries as to this funding application please contact the WYCBT Grant Admin Officer on 0499 992 865 or email admin@wycbt.org.au.

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles (APPs)</u> as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

Confirmation of Eligibility

As the Applicant, I confirm that:

- I have read and understood the WYCBT Grant Guidelines & Information; and
- Deceased person to whom the application relates was a WYCBT beneficiary; and/or
- Document evidence confirming the deceased's status as a WYCBT beneficiary can be provided.

l confirm that all	□ Yes
statements above are	You must confirm that all statements above are true and correct
true and correct *	before continuing.

Which Aboriginal group did the deceased identify with? *

- O Wiri / Widi
- Yuwi / Yuwibarra
- Barada Barna
- Birra Gubba Nation living within the Agreement Area

NOTE: Applications for Yuwi/Yuwiburra have been temporarily re-opened.

Who is the beneficiary's apical ancestor?

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Please upload evide Attach a file:	nce of Aboriginal group status
	ails of evidence could include government family charts, birth certificates dparents showing links to apical) and death certificates or other government
Application Purpo	se
Select the one the a Funeral (max \$5,00 Tombstone (max \$ Funeral and Tombs	00) 2,000)
Applicant's Deta	ils
* indicates a required t	ïeld
Applicant's Detail	S
Applicant's Full Nam First Name	ne * Last Name
Applicant's Physical Address	Address *
Applicant's Phone N	umber *
Must be an Australian ph	one number.
Applicant Email *	
Must be an email address	5.
Details of the Dec	ceased
Deceased's Full Nam	ne *

Last Name

First Name

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Funeral Director's Email *

Deceased's Date of Birth *
Must be a date.
Deceased's Date of Death *
Must be a date.
Financial Assistance Rec
* indicates a required field
Amount Requested
Total Amount Requested *
\$ Must be a dollar amount and no more
Maximum amount which can be requ
The funds will be paid directly to
receipt of payment is provided.
Please attach invoices or a co Attach a file:
Funeral Details
Date of Funeral *
Must be a date.
Funeral Director Details
Funeral Director's Name * Organisation Name
9
Funeral Director's Address *
Funeral Director's Address * Address

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Must be an email address.
Funeral Director's Phone Number *
Must be an Australian phone number.
·
Tombstone Supplier's Details
Tombstone Supplier's Name * Organisation Name
organisation Nume
Tombstone Supplier's Address *
Tombstone Supplier's Address * Address
Tombstone Supplier's Email *
Must be an email address.
Tombstone Supplier's Phone Number *
Must be an Australian phone number.
Certification
* indicates a required field
Confirmation by applicant
Confirmation by applicant
 I certify that to the best of my knowledge true.
 I consent to the information contained w by the Trust for the purpose of assessing
any future grant applications.
 I understand that if the Trust approves f application, and my application forms pa
I agree * □ Yes