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.**

POLICY OBJECT CATEGORY

☐   **MEDICAL EXPENSES – 9-7001**

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

………………………………………......   ………………………………….

    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.**

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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**