

1 First name

2 Last name

3 Date of birth

4 Language group (tick one box only)
 Yinhawangka Banyjima Nyiyaparli

5 Phone


6 Email address

7 Which of the following do you want to record? (You can tick more than one box.)

Art Lore Language
 Song Dance
 Stories Land

8 Have you received financial assistance from any other trust(s) within the past three months?
 No Yes **Please tell us how much you received**

Name of organisation	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9 Expenses requested  **Please attach bills, quotes or other documents to help IBN assess your application.**

Description (What is the money for?)	Name of supplier (Who is being paid?)	Amount required
Example: Fuel	BP South Hedland	\$100.00

10 Please provide detailed information about the project – where will the recording be done, when, how many people etc.

▶ Additional space on next page.

10 Continued

11 What do you expect to produce at the end of this project (for example, a book, a DVD etc.)?

12 Will any Elders be present for the project?

No

Yes Please list the names of the Elders who will be involved in the project

Full name of Elder	Full name of Elder

13 Please list the names of the IBN members who will be involved in the project

Full name of IBN member	Full name of IBN member

14 I declare that the above information is true. I agree to my information being shared with or checked by other organisations for application assessment purposes.

Signature **7** Date / /

Office use only		IBN Corporation Pty Ltd ACN 093 140 240	CP# <input type="text"/>
Date received <input type="text"/> / <input type="text"/> / <input type="text"/>	Received by <input type="text"/>		