



IBN Charitable Foundation

2.1 Health and Wellbeing: Medical Travel

1 First name

7 Email address

2 Last name

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

3 Date of birth

Name of organisation Amount

4 Language group (tick one box only)

Yinhawangka Banyjima Nyiyarparli

5 Residential address (this must be your registered address with IBN)

9 Please tick the box that best describes the type of assistance you are requesting:

Medical escort travel

IBN Member patient travel

Ill or injured IBN Member

Ill or injured child of an IBN Member

If this not your registered address with IBN you will need to complete the Update Personal Details form before we can process your application

6 Phone

10 How do you prefer to be contacted?

Phone Email Postal address

Please attach bills, quotes or other documents to help IBN assess your application.

11 Expenses requested

Description (What is the money for?)	Name of supplier (Who is being paid?)	Amount required
Example: Mobility scooter	Mobility Equipment Australia	\$2,000.00

12 Please provide details about any medical condition(s) relevant to this application

Returning this form ▶

Post: PO Box 2390 South Hedland WA 6722
Fax: (08) 9140 0998
Email: applications@ibngroup.com.au

In person delivered to: 3 Brand Street, South Hedland,
973 Central Road, Tom Price or 3/4 Welcome Road, Karratha

13 Are you receiving treatment for this condition(s)?

No

Yes ▶ Please provide details of the treatment

14 Is there any medical information you can attach to support your application?

No

Yes ▶  **Please attach any documents available to help IBN assess your application. Any details provided will be used solely for the purpose assessing of this application.**

15 Optional: How will assistance from IBN improve your health / wellbeing?

16 I declare that the above information is true and the assistance requested is for my own use. I agree to my information being shared with or checked by other organisations for application assessment purposes.

Signature

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Date

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