

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

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 have an IBN Elder or Representative Corporation Director endorse this application.

| Elder OR Representative Corporation       | Name of Elder or Director | Signature |
|---|---------------------------|-----------|
| Elder                                     |                           |           |
| Minadhu Aboriginal Corporation            |                           |           |
| Banjyma Aboriginal Corporation            |                           |           |
| Milyuranpa Banyjma Aboriginal Corporation |                           |           |
| Niapaili Aboriginal Corporation           |                           |           |

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

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

|  |
|--|
|  |
|  |

13 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 |
|--------------------|--------------------|
|                    |                    |
|                    |                    |
|                    |                    |
|                    |                    |
|                    |                    |

14 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 |
|-------------------------|-------------------------|
|                         |                         |
|                         |                         |
|                         |                         |
|                         |                         |
|                         |                         |

15 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



Date

**Office use only**

Date received

Received by

IBN Corporation Pty Ltd  
ACN 093 140 240

CP#

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