

2.5 Community Health

Please tick the box that describes the assistance you are requesting:

- Skips bins
- Veterinary expenses
- Bottled water / water purifier systems

Need help with this form? Freecall **1800 014 401**

Returning this form

Email: applications@ibngroup.com.au
 Post: PO Box 2390, South Hedland, WA, 6722
 Fax: (08) 9140 0998
 In person: 3 Brand Street, South Hedland
 973 Central Road, Tom Price
 Unit 3, 4 Welcome Road Karratha

Benefits, exclusions and conditions

Refer to the Community Programs Handbook or visit ibngroup.com.au

Required documentation

See 'Attachments' check box. Applications cannot be processed until all required documentation is provided.

Processing time

3-5 working days once all required documentation is received.

IBN Community Member applying for assistance

1 Mr Mrs Miss Ms Other
 Snr Jnr
 First given name

Second given name

Last name

2 Have you been known by any other name?

- No
- Yes Provide name

3 Your date of birth

 / /

4 Your gender

Male Female

5 Language group

Yinhawangka Banyjima Nyiyaparli

6 Mobile phone number

(to be used to advise you of the progress of your application)

7 Email address

8 Current home address

Postcode

9 Is your current address the same address you registered with IBN?

- No You will need to complete an 'Update personal details form' and attach it to this application.
- Yes

10 Have you received financial assistance from any other trust(s) in the past three months?

- No
- Yes Name of organisation

Amount

 \$

Assistance requested

11 Expense 1

Name of supplier to be paid	Amount required
	<input type="text"/> \$

Expense 2

Name of supplier to be paid	Amount required
	<input type="text"/> \$

Expense 3

Name of supplier to be paid	Amount required
	<input type="text"/> \$


Expense 4

Name of supplier to be paid	Amount required
	<input type="text"/> \$

Expense 5

Name of supplier to be paid	Amount required
	<input type="text"/> \$

Attachments

- 12**  To enable IBN to assess your application quickly and accurately you must provide the following documents when submitting your application.

Supplier quotes/invoices including supplier payment details

Declaration

13 I declare that:

- the information I have provided in this form is true and correct.
- 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

Date

Office use only

Date received CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240