

# Dependent Child Advice

**Please complete this form if you are an IBN Community Member, or legal parent/guardian caring for a dependent child under the age of 18 and wish to access help from IBN for the child/children.**

Please note: Biological children of IBN Community Members may apply join IBN from the age of 16. Once their membership has been accepted they are no longer considered 'dependent' and can apply for benefits directly.

**Need help with this form?** Contact the Service Delivery Team Freecall **1800 014 401**

**Returning this form**

This form should be returned to the Service Delivery Team Leader.

Email: [applications@ibngroup.com.au](mailto:applications@ibngroup.com.au)

Post: PO Box 2390, South Hedland, WA, 6722

Fax: (08) 9140 0998

In person: 3 Brand Street, South Hedland

**Next Steps**

Once your application has been received and all required documents provided it will be registered with IBN and assessed and we will let you know the outcome.

If your application is approved your dependent child/children will be added to the IBN Community Members Database. You can then apply for IBN benefits to help in supporting the dependent child/children.

## Parent/legal guardian details

**1** Are you an IBN Community Member?

No

Yes ▶ Language group  
 Yinhawangka  
 Banyjima  
 Nyiyaparli

**2** Mr Mrs Miss Ms Other

Snr Jnr

First given name

Second given name

Last name

**3** Have you been known by any other name?

No

Yes ▶ Provide name

**4** Date of birth

**5** Your gender

Male

Female

**6** Mobile phone number *(mobile number preferred)*

**7** Email address

**8** Current home address

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Postcode

## Child/children in your care

**9** CHILD 1

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?

Parent  
 Adoptive parent  
 Legal guardian  
 Other ▶ Provide name

Is the child's parent(s) IBN Community Members?

No

Yes ▶ Language group  
 Yinhawangka  
 Banyjima  
 Nyiyaparli

**Office use only**

Date received  CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240

CHILD 2

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?

Parent  
 Adoptive parent  
 Legal guardian  
 Other ▶ Provide name

Is the child's parent(s) IBN Community Members?

No  
 Yes ▶ Language group  
 Yinhawangka  
 Banyjima  
 Nyiyaparli

CHILD 4

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?

Parent  
 Adoptive parent  
 Legal guardian  
 Other ▶ Provide name

Is the child's parent(s) IBN Community Members?

No  
 Yes ▶ Language group  
 Yinhawangka  
 Banyjima  
 Nyiyaparli

CHILD 3

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?

Parent  
 Adoptive parent  
 Legal guardian  
 Other ▶ Provide name

Is the child's parent(s) IBN Community Members?

No  
 Yes ▶ Language group  
 Yinhawangka  
 Banyjima  
 Nyiyaparli

CHILD 5

First given name

Second given name

Last name

Date of birth


What is your relationship to the child?

Parent  
 Adoptive parent  
 Legal guardian  
 Other ▶ Provide name

Is the child's parent(s) IBN Community Members?

No  
 Yes ▶ Language group  
 Yinhawangka  
 Banyjima  
 Nyiyaparli

## Attachments

- 10  In order for IBN to assess your application quickly and accurately you must provide one or more of the below documents when submitting your application.

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Birth certificate

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Adoption papers

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Centrelink documents

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School enrolment

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Family law order

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Custody order

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Foster care placement

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Court order for graduated return to care  
(if child is being integrated back into the family)

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Social worker report

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Signature

Date