



TRADITIONAL OWNER GROUPS

**SUPPORT FOR SICKNESS AND DISABILITY  
APPLICATION FORM**

Before completing this form you should read the “**Central Sub-Regional Trust 2025-2029 Grant Funding Guidelines**”. You **must** also meet the eligibility criteria on Page 4 of the Guidelines. Please ensure the entire application is completed.

If you have any queries or need assistance to complete this form please contact the Finance Grants Officers (see contact details below).

When completed please return to the:

Finance Grants Officer  
Western Cape Communities Trust  
PO Box 106  
Weipa Qld 4874  
Phone: (07) 4069 7945  
Fax: (07) 4069 9947

Email: [fgo1@westerncape.com.au](mailto:fgo1@westerncape.com.au) or [fgo2@westerncape.com.au](mailto:fgo2@westerncape.com.au)

NAME OF APPLICANT: \_\_\_\_\_

APPLICATION MUST BE RETURNED BY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NEXT SCHEDULED CENTRAL SUB-REGIONAL TRUST BOARD MEETING: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**LATE APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE NEXT CENTRAL SUB-REGIONAL  
TRUST DIRECTORS BOARD MEETING**



**TRADITIONAL OWNER GROUPS**

**1. APPLICANT DETAILS**

Name of Applicant: \_\_\_\_\_

Traditional Owner Group: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (if available): \_\_\_\_\_

**2. NOMINATED CONTACT**

You may wish to nominate a person who can be contacted on your behalf in regards to your application. This person must be acquainted with the details of your application.

Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (if available): \_\_\_\_\_

## TRADITIONAL OWNER GROUPS

### 3. **FUNDING AVAILABLE**

The Central Sub-Regional Trust supports funding that provides medical equipment and supplies to aid the aged, sick and distressed and improve their standard of living.

#### **Support for Sickness and Disability**

##### **Terms and Conditions**

- Applicants will be assessed on a case by case basis.
- Funding for Mobility Scooters will only be provided every 5 years.
- Funding will be provided for capital items and associated services only that are not provided by Government or other organisations.
- Urgent applications for the elderly will be assessed on a case by case basis.
- Funding is to provide aid to the aged, sick, disabled or distressed members of the community.
- Applicants must provide a letter from their health care professional.
- Applicants must provide a quote detailing the equipment required at time of application.
- Applicants must provide proof of low income by supplying a Centrelink Statement or a copy of valid Centrelink issued Concession card/health care card.
- All funding will be paid direct to suppliers or service providers, not individuals.
- Examples of what will be funded include equipment for the elderly to assist with day to day living, such as shower chairs, hand railings, wheelchairs.
- Funding will be deemed acquitted if all conditions are complied with.
- The support of the CSRT must be acknowledged.

***You must agree to the Terms and Conditions listed above for this application to be forwarded to the Central Sub-Regional Trust Board of Directors for consideration.***

***Your signature is to be recorded on the last page of this application.***

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**4. FUNDING REQUESTED**

| <b>For what purpose are you seeking funding?</b><br>Please provide specific details and attached quotes for the type of medical equipment required and details of how they will provide aid to aged, sick or distressed members of the community. |  | <i>Dollar Value</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|
|                                                                                                                                                                                                                                                   |  |                     |

## TRADITIONAL OWNER GROUPS

### 5. DECLARATION

I declare that the information I have provided on this form is complete and accurate and that my application meets the Western Cape Communities Trust, Central Sub-Regional Trust 2025-2029 Grant Funding Guidelines.

I accept and agree to the Terms and Conditions as outlined in this application.

I understand that my application will be considered at the next meeting of the Central Sub-Regional Trust Board of Directors.

I understand and accept that the Directors decision to approve or not approve this application is final.

I understand that I may be requested to provide additional information.

**Signature of Applicant:**

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***Signature of Contact (if  
different from Applicant):***

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**Date:**

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***What happens after the Directors of the Central Sub-Regional Trust have considered my application?***

#### **Successful Applicants**

Following the Central Sub-Regional Trust Board of Directors Meeting you will receive a letter from the WCCT Finance Team to notify you of the outcome of your application.

The letter will include details of the Board Decision, an Acceptance of Conditions Form and details regarding any required tax invoice with your designated bank account details for electronic funds transfer. A copy of the Grant Acquittal Form and Policy may also be sent with this letter.

#### **Unsuccessful Applicants**

A letter will follow confirming the Board Decision and explain why the application was not successful.