



TRADITIONAL OWNER GROUPS
DISABILITY ASSISTANCE
APPLICATION FORM

Before completing this form you should read the “**Southern 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 Officer (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 or fgo2@westerncape.com.au

NAME OF APPLICANT: _____

APPLICATION MUST BE RETURNED BY: ____ / ____ / ____

NEXT SCHEDULED SOUTHERN SUB-REGIONAL TRUST BOARD MEETING: ____ / ____ / ____

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



TRADITIONAL OWNER GROUPS

1. APPLICANT DETAILS

Name of Applicant: _____

Traditional Owner Group: _____

Street Address:
**(must be completed for
delivery purposes)** _____

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): _____

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3. FUNDING AVAILABLE

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

Terms and Conditions

- Applicants will be assessed individually.
- Funding for Mobility Scooters will only be provided every 5 years.
- Funding for capital items will only be considered if they are not provided by Government or other organisations.
- The purpose of funding is to provide aid to the sick, disabled or distressed members of the Community.
- A letter from your medical professional and a quote for the items being requested must be provided with the application.
- Applicants are to provide evidence of necessitous circumstances by supplying Centrelink documentation upon application.
- Funding can be provided for the upkeep and maintenance of equipment. Applicants must provide a quote detailing maintenance required.
- All funding is provided to service providers or organisations.
- Funding will be deemed acquitted if all conditions are complied with.
- Examples include equipment for the elderly to assist with day to day living such as shower chairs, hand railings, wheelchairs.
- Funding must be used within six (6) months and will not be rolled over unless there is an approved application for an extension.
- The support of the SSRT must be acknowledged.

You must agree to the Terms and Conditions listed above for this application to be forwarded to the Northern 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**

In the box below, please provide specific details of the type of funding required:

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



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FAMILY TREE FORM

*Please complete the Family Tree below.
 This Family Tree must be completed in full to your
 Grandparents and preferably to your Great Grandparents
 where possible.*

MOTHERS FAMILY TREE

FATHERS FAMILY TREE

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Grandfathers Name _____ _____
Traditional Owner Group

Grandmothers Name _____ _____
Traditional Owner Group

Grandfathers Name _____ _____
Traditional Owner Group

Grandmothers Name _____ _____
Traditional Owner Group

Mother Name _____ _____
Traditional Owner Group

Fathers Name _____ _____
Traditional Owner Group

Applicants Name _____ _____
Traditional Owner Group

Applicants Partner _____ _____
Traditional Owner Group

Please complete in full



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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, Southern Sub-Regional Trust 2025-2029 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 Southern 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: _____

Signature of Contact (if different from Applicant): _____

Date: _____ / _____ / _____

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

Successful Applicants

Following the Southern 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 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

You will receive a letter advising of the Boards Decision.