



**Wagyl Kaip Southern Noongar (WKS N)
Charitable Trust**
APPLICATION FOR FUNERAL ASSISTANCE



GUIDELINES FOR PAYMENTS OF FUNERAL ASSISTANCE

1. Funeral funds will be paid direct to an accredited service provider, funeral director, funeral home or 'other' service provider;
2. No monies will be paid to any individual or family member representing the deceased person;
3. All unspent funds must be returned to the WKS N Charitable Trust; and
4. Up to \$3,000 can be applied for once eligibility has been confirmed.

OTHER SERVICE PROVIDERS WHICH MAY PROVIDE ASSISTANCE
Centrelink
Dept. of Aboriginal Affairs
Dept. of Child Protection and Family Support
Funeral Insurance or Funeral Plan
Financial Assistance from Another Trust

APPLICANTS DETAILS

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE NO: _____

ARE YOU A MEMBER OF THE WAGYL KAIP AND SOUTHERN NOONGAR CLAIMANT GROUP? YES NO

DECEASED PERSONS DETAILS

NAME OF DECEASED: _____

DATE OF BIRTH: _____

APPLICANTS CONSENT TO RELEASE INFORMATION

I, _____, give permission for the SWALSC Researchers to release all information relating
(Name of Applicant)
to my application (including family tree and other relevant documentation to determine my connection to the WKS N).

APPLICANT'S SIGNATURE: _____ **DATE:** _____

"THE WAGYL KAIP & SOUTHERN NOONGAR (WKS N) NATIVE TITLE CHARITABLE TRUST" has been established with the objectives being to substantially provide relief from poverty, sickness, suffering, destitution, misfortune and helplessness to the WKS N people and to support economic, social, health, educational, cultural and heritage benefits to the WKS N people".

DETAILS OF DECEASED'S FAMILY CONNECTION TO WKSN CLAIMANT GROUP

MOTHER'S SIDE	SURNAME	GIVEN NAME	FATHER'S SIDE	SURNAME	GIVEN NAME
MAIDEN NAME:			NAME:		
GRANDMOTHER'S MAIDEN NAME:			GRANDMOTHER'S MAIDEN NAME:		
GRANDFATHER'S NAME:			GRANDFATHER'S NAME:		
GREAT GRANDMOTHER'S MAIDEN NAME:			GREAT GRANDMOTHER'S MAIDEN NAME:		
GREAT GRANDFATHER'S NAME:			GREAT GRANDFATHER'S NAME:		

FUNERAL DETAILS

DATE OF FUNERAL: _____

FUNERAL DIRECTORS NAME: _____

TELEPHONE NO: _____

INVOICE NO: _____

(Please attach the Invoice to this application)

FUNERAL DIRECTORS BANK ACCOUNT DETAILS:

NAME:	BANK:	BSB:	ACCOUNT NO:

DECLARATION BY THE APPLICANT

I declare that all the information provided with this application is true and correct to the best of my knowledge. I acknowledge that any decision made in relation to this application is at the complete discretion of the Wagyl Kaip and Southern Noongar Native Title Charitable Trust Advisory Trustees, and in the event assistance is provided and it transpires that I have knowingly provided false or misleading information, that this application will be rejected and that I may be requested to repay any monies expended from the Trust as a result of that false and misleading information.

APPLICANT'S SIGNATURE: _____

DATE: _____

PLEASE FORWARD YOUR COMPLETED APPLICATION FOR FUNERAL ASSISTANCE TO:

WKSN Charitable Trust

Mail: Level 3, 28 The Esplanade, PERTH WA 6000**Email:** communitytrusts@eqt.com.au

For more information please call Nic Merson at Equity Trustees on 0417 081 083