FILE NO.:

Member Services Unit *for the Ngarluma Charitable Trust*

MSU REQUEST FOR ASSISTANCE

Please complete in as much detail as possible.

		Date of Birth:	
Your Full Name:		**Your Phone Number:**	
Your Postal Address:		**Email:**	

Do you currently hold a Concession Card or Pensioner Concession Card **YES** ☐ **NO** ☐

Category	**Category A**	**Category B**	**Category C**							
Bucket	**General Charitable Allocation / Sickness & Medical** ☐	**Elders** ☐	**Chronic Diseases** ☐	**Lore** ☐	**Dental** ☐	**Perth Medical Accom.** ☐	**Funeral Assist.** ☐	**Education**		
								Early years ☐	**Primary** ☐	**Secondary or Tertiary** ☐
NON-ELDER Maximum funding per year	**$5,000**	**N/A**	**$2,000**	**$5,000**	**$2,000**	**$2,000**	**$10,000**	**$1,500**	**$2,000**	**$3,000**
ELDERS Maximum funding per year	**$6,750**									

		For Funeral's , initial and family name of person who passed away:	
		ENSURE ALL RELEVANT PAPERWORK IS ATTACHED *e.g. Doctors letter, Utility bill, Quote… See checklist attached*	

Please explain in detail why you need financial help from the Trust:			
FINANCIAL HARDSHIP			
Have you sought assistance from anywhere else? If so, where?		**How much?**	

Item requested:	**Amount:**	**Supplier to be paid:**

What is the amount you are asking the Trust for?	**$**	**Date the funds are required by:**	**____/ _____/ 2026**

I declare that the above details are accurate and true. I understand that:

- ***The Trust rules need to be followed and that my request may be approved in part only or not at all;***
- ***If I consent to part of my benefits being used by another person, then that amount will count towards my annual limit;***
- ***The supplier will be paid directly by the Trust and that no cash can be given to NAC members;***
- ***The Trust is not responsible for any additional costs; and***
- ***The Trust is not liable for any loss, damage or personal injury resulting from the Trust funding the whole or part of this Request.***

Your Signature:	**X**	**Today's Date:**	**_____/ _____/ 2026**

Completed Request for Assistance to MSU for Ngarluma Charitable Trust
Tel: (08) 9182 1351
Email: msuapplications@ngarluma.com.au

OFFICE USE ONLY:	
Notes:	
Docs Attached:	

FILE NO.:

Member Services Unit *for the Ngarluma Charitable Trust*

MSU REQUEST FOR ASSISTANCE

All funding categories require an MSU REQUEST FOR ASSISTANCE application (this form) to be completed in full by the member as well as the invoice / bill that is to be paid.

Have you also included?

Category A

General and Sickness & Medical

Confirmation of their appointment with the supplier	☐
Evidence of their medical condition	☐
Bill / Invoice / Notice / Receipt	☐

Category C

Advancement of Education

Birth certificate of the child assistance is sort, or	☐
A Letter of support to be provided by the Educational Institution for computers, iPads and extra curricula activities	☐
School attendance records	☐
School reports / enrolment packages – every semester	☐
Certificate or other evidence of completion of a Trust-funded course, if applying for funding for another course	☐

Chronic Disease

A letter from a Medical Practitioner with 2 years, confirming: • the diagnosis of the chronic disease of the member; • that the request for additional assistance is directly associated with the chronic disease	☐
An acknowledgement from the member that all other available assistance has been exhausted (Medicare, NDIS, PATS and any other government funded health assistance)	☐

Funeral Assistance

Written confirmation of the funeral (e.g. death notice, funeral notice which includes the date and location of the service)	☐

Dental

Dental plan / invoice	☐

Perth Medical Accommodation

Doctors letter / medical evidence	☐
PATS documentation	☐

Lore

A senior Ngarluma Elder must confirm all lore participants – MSU to undertake this task	☐