



Port Curtis Coral Coast Trust Limited



Port Curtis Coral  
Coast Trust Ltd  
2 Marina Drive  
BURNETT HEADS Q 4670



(07) 4159 5589  
reception@pccctrust.com.au  
PO Box 537  
BUNDABERG Q 4670

## FUNERAL ASSISTANCE POLICY FOR THE PCCC NATIVE TITLE CLAIM GROUP

- PCCC Ltd Funeral Assistance Fund is capped at a total of \$2,000.00 per grant per Family.
- Eligibility for assistance must first be proven, by Representatives (2 Elders) from the relevant clan group.
- Where the deceased have their own Funeral Fund or Super Fund their family members will not be eligible for assistance.
- Members within the four PCCC Tribes (Byellee, Gurang, Gooreng Gooreng & Bunda Peoples) will only be considered on a case by case basis.
- Those who have passed must belong to one of the four Traditional Owner Groups or be their partner and children who have cultural, or traditional ties by marriage.
- Payment must be made to service providers/suppliers and not to families or individuals. Eg; Suppliers such as, funeral parlour, catering, hire of venues, etc.....
- \*No Money will be paid to family members, only direct to the suppliers.

### Applicant Details: (please complete details)

|   |        |               |  |                 |  |
|---|--------|---------------|--|-----------------|--|
| Title (Mr/Mrs/Ms/Miss):                   |        | Surname:      |  |                 |  |
| First Name(s):                            |        | Gender (M/F): |  | Marital Status: |  |
| Home Address:                             |        |               |  |                 |  |
| City/Suburb:                              |        | State:        |  | Postcode:       |  |
| Contact Telephone:                        | (Work) | (Home):       |  | (Mobile):       |  |
| Mailing Address (if different from home): |        |               |  |                 |  |
| City/Suburb:                              |        | State:        |  | Postcode:       |  |
| Date of Birth:                            |        |               |  |                 |  |

|  |   |
|--|---|
| 1. Recognised and accepted as a traditional owner of the<br>[ please indicate by <input checked="" type="checkbox"/> ] ..... | <input type="checkbox"/> Gooreng Gooreng<br><input type="checkbox"/> Gurang<br><input type="checkbox"/> Bunda<br><input type="checkbox"/> Byellee |
|--|---|

|                         |  |
|-------------------------|--|
| 1. PCCC Apical Ancestor | .....<br>[please identify Apical Ancestor] |
|-------------------------|--|

|                                   |  |                                  |
|-----------------------------------|--|----------------------------------|
| .....<br><b>Name of Applicant</b> | .....<br><b>Signature of Applicant</b> | ...../...../.....<br><b>Date</b> |
|-----------------------------------|--|----------------------------------|

| <b>Elders Declaration:</b> It is hereby confirmed that the Applicant:   | Initial |
|---|---------|
| 1. Is of Aboriginal Descent.  |         |
| 2. Recognised and accepted as a traditional owner of the _____<br>(insert name of Tribal group) of the Port Curtis Coral Coast native title region which is the applicant's Traditional Area. |         |
| 3. The representatives for the Authorisation purpose are 2 Elders of the named tribe on the application.  |         |

|   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| <b>Elder No 1:</b><br>.....<br><b>Name of Elder</b> | .....<br><b>Signature of Elder</b> | ...../...../.....<br><b>Date</b> |
|---|------------------------------------|----------------------------------|

|                        |  |
|------------------------|--|
| <b>Contact Ph. No:</b> |  |
|------------------------|--|

|   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| <b>Elder No 2:</b><br>.....<br><b>Name of Elder</b> | .....<br><b>Signature of Elder</b> | ...../...../.....<br><b>Date</b> |
|---|------------------------------------|----------------------------------|

|                        |  |
|------------------------|--|
| <b>Contact Ph. No:</b> |  |
|------------------------|--|

**OFFICE USE ONLY:**

|               |    |                   |                   |
|---------------|----|-------------------|-------------------|
| <b>Amount</b> | \$ | <b>Date Paid:</b> | ...../...../..... |
|---------------|----|-------------------|-------------------|

|                 |       |
|-----------------|-------|
| <b>Paid To:</b> | ..... |
|-----------------|-------|

