



Port Curtis Coral Coast Trust Limited



Port Curtis Coral
Coast Trust Ltd
Suite 3, Level 1/3
Maryborough Street
BUNDABERG QLD 4670



(07) 4167 0037
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 Native Title Claim Groups (Byellee, Gurang, Gooreng Gooreng & Taribelang 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. E.g., Suppliers such as, funeral parlour, catering, hire of venues, etc.....
- ▶ No money will be paid to the applicant or family members, only direct to the suppliers.

APPLICANT INFORMATION: Please print clearly and in capital letters

Surname:		First Name:	
Street address:			
City:	State:	Post Code:	
Phone:		E-mail:	
Postal address (If same as street address write 'AS ABOVE'):			
City:	State:	Post Code:	
Date of Birth:		Gender:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Carer <input type="checkbox"/> Other (please specify): _____			

Application Declaration:

1. Recognised and accepted as a traditional owner of the [please indicate by <input type="checkbox"/>]		<input type="checkbox"/> Gooreng Gooreng <input type="checkbox"/> Gurang <input type="checkbox"/> Taribelang <input type="checkbox"/> Byellee
2. PCCC Apical Ancestor [please identify Apical Ancestor]	
..... Name of Applicant Signature of Applicant/...../..... Date

Elders Declaration: It is hereby confirmed that the Applicant:

Elders Declaration: It is hereby confirmed that the Applicant:		Initial
1. Is of Aboriginal Descent.		
2. Recognised and accepted as a traditional owner of the _____ (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.		
Elder No 1: Name of Elder Signature of Elder/...../..... Date
Contact Number:		
Elder No 2: Name of Elder Signature of Elder/...../..... Date
Contact Number:		

Details of Deceased:	
Name of deceased:	
Date of Death:	
Name of funeral parlor:	
Date of service:	

PAYMENT TOWARDS: *Please tick the following*	
Funeral Home	<input type="checkbox"/>
Wake	<input type="checkbox"/>
Other *Please specify below*	<input type="checkbox"/>

CHECKLIST	TICK IF COMPLETE
1. Application completed in full	<input type="checkbox"/>
2. Application declaration/Name of Tribal Group completed	<input type="checkbox"/>
3. Provide details of deceased	<input type="checkbox"/>
4. Specify what the payment will be going towards	<input type="checkbox"/>
5. Invoice attached to this application	<input type="checkbox"/>
6. Elders Declaration signed by two Elders of the named tribe on the application.	<input type="checkbox"/>

Please Note:

- If the application is not completed, your application will not progress.
- Once the application form has been completed in full and invoice has been attached, please sign and date the declaration below.

OFFICE USE ONLY

Amount	\$	Date Paid:/...../.....
Paid To:		