



Port Curtis Coral Coast Trust Limited



Port Curtis Coral
Coast Trust Ltd
Level 1, 3 Maryborough St
BUNDABERG Q 4670



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PCCC Funeral Assistance Funding Application

Funeral Assistance Policy for The PCCC Native Title Claim Group

- PCCC Ltd Funeral Assistance Fund is limited to \$2,000.00 per grant for each family.
- Eligibility for assistance requires validation by two (2) PCCC Elders or representatives 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.
- Consideration for assistance will be given to members of the four PCCC Tribes (Byellee, Gurang, Gooreng Gooreng & Bunda Peoples) on a case-by-case basis.
- Deceased individuals must belong to one of the four Traditional Owner Groups or be their partner or children with cultural or traditional ties through marriage.
- Payments are to be made directly to service providers/suppliers and not to families or individuals, such as funeral parlors, catering, venue hire, etc.
- Funds will not be disbursed to family members but directly to the suppliers.

APPLICANT DETAILS: 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:	
Please specify your relationship to the deceased:			
<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 checked="" type="checkbox"/>]		<input type="checkbox"/> Bailai <input type="checkbox"/> Gurang <input type="checkbox"/> Gooreng Gooreng <input type="checkbox"/> Taribelang Bunda
2. PCCC Apical Ancestor [please identify Apical Ancestor]	
..... Name of Applicant Signature of Applicant/...../..... Date

Elders Declaration: It is hereby confirmed that the Applicant:			Initial
1. Is of Aboriginal Descent.			
2. Accepted as a traditional owner of the Tribal group in the Port Curtis Coral Coast native title region, which represents the applicant's Traditional Area.			
3. The representatives for the authorization purpose are two (2) Elders of the identified 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:			

FUNERAL NOTICE PERMISSION
Do you permit Port Curtis Coral Coast Trust Ltd to advertise the funeral notice through PCCC social media and communication channels (e.g. Facebook, LinkedIn, Instagram, e-Newsletter)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide the notice)

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 the tribal group completed.	<input type="checkbox"/>
3. Provide details of the 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"/>
7. Confirm If PCCC has permission to advertise the Funeral Notice.	<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 the invoice has been attached, please sign and date the declaration below.

OFFICE USE ONLY

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