



Port Curtis Coral Coast Trust Limited



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



(07) 4167 0037
reception@pccctrust.com.au
PO Box 537
BUNDABERG Q 4670

PCCC TRUST LTD WHITEGOODS ASSISTANCE PROGRAM 2024 APPLICATION

Application closing date: 5PM Wednesday, June 26th, 2024

APPLICATIONS RECEIVED AFTER CLOSING DATE WILL NOT BE CONSIDERED

Before completing and returning the form you must:

- Read and meet the PCCC Ltd Terms and Conditions (*see Attachment 1*).
- Ensure the entire application is completed by completing the Checklist on Page 3.
- You **MUST** also meet the terms and conditions on Pages 4 & 5 of the application.

Please return your completed application via email to reception@pccctrust.com.au or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, Bundaberg QLD 4670

If you have any queries or require assistance to complete this form, please contact Port Curtis Coral Coast Limited office on (07) 4167 0037 or reception@pccctrust.com.au

APPLICANT INFORMATION (PARENT/CARER): Please print clearly and in capital letters

| | | | |
|---|--------|-------------|--|
| Surname: | | First Name: | |
| Street address: | | D.O.B: | |
| City: | State: | Post Code: | |
| Phone: | | E-mail: | |
| Postal address (<i>If same as street address write 'AS ABOVE'</i>): | | | |
| City: | State: | Post Code: | |

PLEASE INDICATE THE PCCC GROUP OF THE APPLICANT ON THIS APPLICATION:

Bailai Gurang Gooreng Gooreng Taribelang Bunda

PLEASE INDICATE APICAL ANCESTOR OF THE APPLICANT ON THIS APPLICATION:

Dina
 Jessie
 Dolly (Mother of Johnson Mate-mate and George Swain)
 Molly Jones
 Dulhu/Doolan
 Buller Tolsen (Norman Buller)
 Nelley Murray (Also known as Nellie Watcho and Alice Murray)
 Jane
 Betsy
 Rosie
 Maggie Little
 Rosie Blackman
 Emma Jones (Wife of John Broom/e)
 John Hill ("Pig Pig")
 Elizabeth Tanwatt/Daniels
 Kitty of Gladstone
 Margaret Grant

PCCC Trust Limited Membership Number*:
 * If you are not a current PCCC Trust Member, PCCC Ltd encourages you to complete the Membership form
 (see <http://www.pccctrust.com.au/programs/membership/>)

NOMINATED CONTACT: You may wish to nominate a person who can be contacted on your behalf regarding your application. This person must be acquainted with the details of your application.

| | |
|------------------|----------------------|
| Name of contact: | Relationship to you: |
| Phone: | E-mail: |

**WHITEGOODS REQUESTED (Please tick the item you would like to purchase).
 Please Note: the item that you are wanting to purchase is the right size for your household.**

| | | | | |
|---------------------------------|----------------------------------|--|--------------------------------|---|
| <input type="checkbox"/> Fridge | <input type="checkbox"/> Freezer | <input type="checkbox"/> Washing Machine | <input type="checkbox"/> Dryer | <input type="checkbox"/> Other (Please specify below): _____ |
|---------------------------------|----------------------------------|--|--------------------------------|---|

| CHECKLIST | | TICK IF COMPLETE |
|---|--|-----------------------------|
| 1. Terms and conditions have been read and application completed in full | | <input type="checkbox"/> |
| 2. Attached: | | |
| a) Proof of Income: Centrelink confirmation of benefit received. (e.g., Newstart, Single Parent, etc.) | | A) <input type="checkbox"/> |
| b) Proof of Residence/Address (electricity bill, household utility or rates. Must match the address on the application form) | | B) <input type="checkbox"/> |
| c) Other (Proof of wages, payslips) | | C) <input type="checkbox"/> |
| 3. Declaration Signed | | <input type="checkbox"/> |
| Please Note: <ul style="list-style-type: none"> • If the above documents are not provided your application <u>will not</u> progress. • Once the application form has been completed in full and all required documents have been attached, please sign and date the declaration below. | | |

DECLARATION:

- I declare that the information I have provided on this form is complete and accurate and that the application meets the PCCC Ltd Trust 2024 Funding Guidelines.
- I accept and agree to the Terms and Conditions as outlined in this application.
- I understand that my application will be considered at the next meeting of the Trust Board of Directors.
- I understand and accept that the Directors decision to approve or not approve this application is final.
- I understand that I may be requested to provide additional information.
- I understand that if I provide false or misleading information, may be precluded from obtaining future PCCC assistance.

Name of Applicant:

Signature of Applicant

Date:

Name of Contact Person:
(Optional)

Signature of Contact Person

Date:

2024 WHITEGOODS TERMS AND CONDITIONS

Attachment 1.

OBJECTIVE:

- The intent of the “*White Goods Assistance Program*” is to assist *Port Curtis Coral Coast Native Title Claim group* families by providing essential household white goods.
- You must agree to the Terms and Conditions listed below for this application to be forwarded to the PCCC Ltd Trust Board of Directors for consideration. Your signature is to be recorded on page 3 of this application.

FUNDING AVAILABLE

- Port Curtis Coral Coast families who have received White Goods under the program in the previous 2 years are NOT ELIGIBLE for the 2024 round of the program.
- No direct cash payments will be made to applicants.
- White Goods, such as fridges, freezers, washing machines, air conditioners, to the amount of **\$750.00** will be distributed to a maximum of 40 Port Curtis Coral Coast Families in the 2024 Round of the PCCC Ltd White Goods Program.
- The White Goods Program is allocated to those families who are most financially in need, based on the information required to support the Applications, (identified in the Checklist on page 2 of this Application).
- Priority may be given to families.

NEW APPLICANTS

- If you have not applied previously, you must provide a family tree for PCCC staff to confirm connection to PCCC.

SUPPLIERS

- Supplier and delivery will be negotiated by PCCC Trust and the process and preparations will be provided to successful applicants.

PROOF OF RESIDENCE/ADDRESS

- Port Curtis Coral Coast families wishing to access this assistance must provide an electricity bill or other household utility, or rates notice which matches the address on the application form.

PROOF OF INCOME

- Port Curtis Coral Coast families wishing to access this assistance must provide Centrelink confirmation of status by Centrelink e.g. benefits received, Newstart, Single Parent, Low Income or a Pay Slip.

Successful Applicants

- A letter will be sent by PCCC Ltd confirming the PCCC Ltd Board Decision and will include details of the delivery of the white goods supplies.
- A copy of the Policy will also be sent with this letter.

Unsuccessful Applicants

- A letter will be sent confirming the Board Decision and explain why the application was not successful.