



Port Curtis Coral Coast Trust Limited



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



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

PRIORITY TWO: ENHANCEMENT, POLITICAL, SOCIAL CULTURAL ENGAGEMENT & SPORTING

'NEW APPLICANTS' 2025 APPLICATION

Application closing date: 5pm, Friday 29th August 2025

APPLICATIONS RECEIVED AFTER CLOSING DATE WILL NOT BE CONSIDERED

Before completing and returning the form you must:

- Read and meet the PCCC Ltd Funding Guidelines as the **Application Process** has changed (*see Attachment 1*).

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: 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:	
IF APPLICANT IS UNDER 18, PARENT/CARER TO SIGN APPLICATION FORM			
Please indicate relationship to applicant:			
.....			

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

Bailai Gurang Gooreng Gooreng Taribelang

PLEASE INDICATE THE APICAL ANCESTOR OF THE APPLICANT:

<input type="checkbox"/> Dina	<input type="checkbox"/> Jessie	<input type="checkbox"/> Dolly (mother of Johnson Matemate)	<input type="checkbox"/> Molly Jones	<input type="checkbox"/> Dulhu/Doolan
<input type="checkbox"/> Buller Tolsen (Norman Buller)	<input type="checkbox"/> Nellie Murray (Also known as Nellie Watcho and Alice Murray)	<input type="checkbox"/> Jane	<input type="checkbox"/> Betsy	<input type="checkbox"/> Rosie
<input type="checkbox"/> Maggie Little	<input type="checkbox"/> Rosie Blackman	<input type="checkbox"/> Emma Jones (wife of John Broom/e)	<input type="checkbox"/> John Hill ("Pig Pig")	<input type="checkbox"/> Elizabeth Tanwatt/Daniels
<input type="checkbox"/> Kitty of Gladstone		<input type="checkbox"/> 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. (A contact person can be an Indigenous Support Unit representative, Course Coordinator, etc.)

Name of Contact:	Relationship to you:
Phone:	E-mail:

SCHOOL/INSTITUTION/ENTITY/ORGANISATION DETAILS:

Name of School/Institution/Entity/Organization associated with the Application:		
Street Address:		
City:	State:	Post Code:
Name of Contact Person:		Phone:

DESCRIPTION OF ACTIVITY:

<p>Describe Activity/Event the applicant is applying for.</p>	
<p>Where is the location of the proposed Activity/Event? (Town, City, Venue)</p>	
<p>When is the Activity taking place? (Date of Event)</p>	

SUPPORTING EVIDENCE/DOCUMENTS OF THE ACTIVITY/EVENT (e.g. letter from coach, letter of selection, invitation to participate)

Is supporting evidence attached to this application?

Yes - Description of supporting documents:

No (If no supporting evidence is provided, the application will remain incomplete until the necessary documents are provided).

NOTIFICATION OF RECEIPT OF EDUCATIONAL ASSISTANCE FROM ANOTHER NATIVE TITLE GROUP, INSTITUTION/ORGANISATION/ENTITY, OR SCHOLARSHIP / BURSARY.

Does the applicant/parent/carer receive educational assistance from another native title group, institution/organization/entity or scholarship/bursary? Yes No

If Yes, please provide details of the assistance already received and the amount.

Name of Institution/Corporation/Trust

Amount: \$

FUNDING REQUESTED:

School/Institution/Entity/Organisation Invoice:	Amount:
Other Funding:	Amount:
Total Funding Amount Requested:	\$

DECLARATION:

I declare that I (if the applicant is under 18, I am the parent/carer/grandparent):

NAME

- I / WE declare that the information I have provided on this form is complete and accurate and that the application meets the PCCC Ltd Trust 2025 Funding Guidelines.
- I / WE accept and agree to the Terms and Conditions as outlined in this application.
- I / WE understand that my application will be considered by the PCCC Ltd Chairperson and Committee and will be recommended to the Trust Board of Directors.
- I / WE understand and accept that the Directors decision to approve or not approve this application is final.
- I/WE understand that I may be requested to provide additional information.
- I/WE understand that if I provide false or misleading information, I may be precluded from obtaining future PCCC Trust assistance.

Name of Applicant:

Signature of Applicant

Date:

Name of Contact Person:
(Optional)

Signature of Contact Person

Date: