



## BMC Child/Dependant Grant Application

This form is to be completed by the grant applicant carer

### Section 1: Applicant details

First Name  Last Name

Is the applicant an Australian Citizen?  Date of Birth

Please provide a copy of the child's birth certificate, Australian Passport or Medicare Card

Street

Suburb

State  Post Code

### Section 2: Carers details

First Name  Last Name

Street

Suburb

Signed  Date

Phone (H)  Phone (M)

E-mail:

### Section 3: Assistance

Description of Disability:

Assistance Required:

### Section 4: Financial Details

Have you previously received assistance from the BMC?

Yes  No

*If Yes, give details*

Have you approached other sources for financial assistance?

Yes  No

*If Yes, give details*

Please print and post hard copy to: Grants Committee  
PO Box 750 Griffith NSW 2680