



# BRIDGING COMMUNITIES APPLICATION FOR ASSISTANCE

Thank you for your enquiry. To submit an Application for Assistance, please complete the sections below. It is important that all sections are completed and any supporting documentation is attached. If you have any queries, please contact us via [mail@bridgingcommunities.com.au](mailto:mail@bridgingcommunities.com.au) Upon completion, please submit your application via email or post to PO Box 634, Harvey, WA, 6220.

Date		
<b>1. APPLICANTS DETAILS</b>		
Your full name		
Daytime Phone	Mobile	Email
Home Address		
<b>2. ASSISTANCE DETAILS</b>		
2.1 Briefly explain the background and reason for your request and who will benefit.		

2.2 What are you specifically seeking assistance for? (ie goods or services)

**3. FINANCE DETAILS**

Total budget required to meet support needs (if known)	\$ Value requested from Bridging Communities
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Itemise assistance expenses if known

**4. REQUEST DETAILS**

Date Assistance Required	Length of time assistance required
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Please attach supporting documentation (Doctors Report, Quote, etc)

Who else have you applied to for this assistance and what was the outcome

**5. ACKNOWLEDGEMENT**

5.1 How do you propose to acknowledge the assistance received from Bridging Communities if successful ?

5.2 How did you hear about Bridging Communities ?

5.3 Is there any other information you would like to share with Bridging Communities in support of this application?

**6. DECLARATION**

I declare that the information provided to Bridging Communities in this application for assistance is complete and accurate. I acknowledge that any false or misleading information provided in this application may result in action being taken to recover the cost of any assistance given whereupon costs will be borne by the applicant.

.....  
Signature of Applicant

.....  
Date



## MEDIA RELEASE

### FORM M

I, \_\_\_\_\_ (name of parent / guardian)

hereby give my consent to \_\_\_\_\_ (name of minor) being filmed / photographed / recorded by a representative of Bridging Communities Inc. The footage / photos / recording is to be primarily utilised on the Bridging Communities website but may be used for promotional purposes such as e-newsletters to donors and supporters.

I authorise the authorised representative of Bridging Communities Inc to record and broadcast \_\_\_\_\_'s (name of minor) face, voice, actions, performance, and any commentary made by \_\_\_\_\_ and / or me for the above purposes.

I authorise Bridging Communities to retain said recordings in perpetuity unless notified by me in writing.

Signed (parent / guardian) \_\_\_\_\_

Name (parent or guardian) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Witnessed

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_