Australian Executor Trustees

Part of Equity Trustees

EASTERN GURUMA CHARITABLE TRUST NO.2

HEALTH AND WELLNESS

HUGHES FAMILY

APPLICANT DETAILS

Full Name	
Residential Address	
Contact Number	
Email	

ASSISTANCE REQUIRED

What is the assistance for? Please answer below: ***Please refer to Health and Wellness Policy***

Payment to be provided as follows:

Amount requesting **$**

- Lease or purchase of facility ☐
- Substance management and rehabilitation programs ☐
- Mental health services ☐
- Preventative therapy ☐
- Alternative therapy ☐
- Other ☐

Amount approved **$**

APPLICANT SIGNATURE

DATE

APPROVAL OF FAMILY REPERESENTATIVES

Glenn Camille	**Justin Gilba**	**Terry Hughes**	**Other_____**
Signature	Signature	Signature	Signature
Date	Date	Date	Date

Please reach out to your family committee to discuss your application and seek approvals.
Approvals must be emailed through to AET if not signed.

Please provide quote or invoice with application form

Please send completed form to:

Email: eg@aetlimited.com.au

Post: AET Native Title, GPO Box 2582, St Georges Terrace, Perth WA 6831