



Request for Travel

Supplemental form to Application for Assistance Eastern Guruma Native Title Charitable Trust No.2

APPLICANT DETAILS

Full Name:

Address:

Phone: Email:

Details of the Assistance:

Copy of Application for Assistance form attached? Yes No
 Your request cannot be processed without this. We will need to know which Assistance 'bucket' you wish to access.

Name of Policy/Assistance this travel relates to: e.g. Health, Family Bucket. _____

Travel:

Flights Mileage

Travelling from: _____ Travelling to: _____

Date Leaving Date Returning

Flight Dates/Times preferred: _____

Names of Eastern Guruma members & children of members requiring flights (If applicable) Include Dates of Birth for all under 18's

Accommodation - ROOM ONLY

Do you require accommodation? Please tick
 Yes No

Preferred hotel name/location: _____

Check in: Check out:

Number of adults Number of children (list Dates of Birth in section above)

Any special requirements? For example baby cot or disabled access

Declaration

Information regarding Traveller's, including spelling of their name, and Dates of Birth is correct.
 I am aware that changes made to travel information after booking has occurred may result in extra costs being charged to the Trust.

Signature of Applicant Date