

DDI IOANT DETAIL C

THE TECWYN JONES BEQUEST GRANTS (TJBG) PROGRAM APPLICATION FORM 2021

Please ensure that all questions are answered.

Please approach MIFWA/Lorikeet staff for assistance if required.



PLEASE NOTE: YOU MUST BE A CURRENT MEMBER OF MIFWA TO APPLY AND HAVE BEEN SINCE 31ST DECEMBER 2020

APPLICANT DETA	ILS						
Mr/Mrs/Ms/Miss/	Other						
Name of Contact F	Person for this Ap	plication					
Postal address for	correspondence						
			Post code				
I have a current H		□ No □ Ye					
CONTACT DETAILS	6 (please print)						
Phone: (H)		Phone: (W)					
MobileFax:							
Email:							
Please Indicate?	□ Consumer	☐ Carer/family/friend					
I have previously applied for a Tecwyn Jones Bequest grant and have been successfu							
□ No	□ Yes	If known, year grant received 20)				
ABOUT YOUR REQ	UEST						
	_	quested? \$ of the amount requested.					
event? If so, pleas	se provide details	n, financial or in-kind, towards the as to the amount and other relev	ant information.				

PLEASE PROVIDE DETAILS OF YOUR APPLICATION

(What are you prop conference etc - and improve your quali	nd how you think	this will assist y	ou in your recov	ery journe	• •
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ESTIMATED COSTS					
(Please itemise exaccommodation, c					
Expenditure Item	ornerence rees).	Attaon Separate	baaget ii iiisairioi	спе эрасс.	
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I have attached at	` , .			□ Yes	□ No
I became a MIFWA	Member before	31 st December	2020	□ Yes	□ No
I agree to the terms	and conditions of t	the Tecwyn Jones	Bequest Grant (TJBG) Awar	ds:
Signed			Date		
0.80	Applications	close Friday, 19			
Post or deliver to:	Mental Illness F	ellowship of WA	\		
	PO Box 1947, M	lidland Busines	s Centre, Midlar	nd WA 605	66
	or deliver to MIF				
	Level 3, 9 The A	venue, wildiand			

Privacy Act – your personal information will be treated confidentially, stored securely and only used for the purposes of this current funding round