

Moordidjabiny Moort

Becoming Stronger Families

Information Pack



NACCHO
National Aboriginal Community
Controlled Health Organisation



South West
AMS
Aboriginal Medical Service

Our Health, Our Way



For more information, contact SWAMS Administration.

☎ Admin: (08) 9797 8111

📘 Find us on Facebook

🌐 www.swams.com.au

Moordidjabiny Moort Application Form

Name of the project:	
Did anyone in this family receive funds in the first round of this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe who it was for

NAME:		DOB:	
ADDRESS:			
PHONE:			
Email:			
Are you a SWAMS member?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you find out about this?	<input type="checkbox"/> Social Media	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> SWAMS Clinic
	<input type="checkbox"/> Family / Friend	Other: _____	
Who is your family group?			

Describe in a few words what the activity is about. Please include how long the activity will take.

When:				
Where:				
Why:	<input type="checkbox"/> Knowing family and connections <input type="checkbox"/> Knowing culture <input type="checkbox"/> Being stronger together <input type="checkbox"/> Having fun together <input type="checkbox"/> Learning together <input type="checkbox"/> Other, please specify _____ _____ _____ _____			
Expected number of people:	Adults		Children	

Moordidjabiny Moort Budget

PROJECT NAME: _____

BUDGET ITEM	COSTS
Subtotal	\$

- I understand that this funding cannot be used to purchase alcohol
- This activity is not being funded from any other organisations.

Name: _____

Signature: _____

Date: _____

<i>For office use only:</i>		
Date Application received		Project ID#
Application Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved Amount	\$	
Payment method	<input type="checkbox"/> Invoice <input type="checkbox"/> Reimbursement – proof of purchase required. <input type="checkbox"/> Supermarket Voucher <input type="checkbox"/> Fuel Voucher	
Voucher Number/s (if applicable)		
PO Number /s (if applicable)		
Date Applicants advised:		
Approval:	Name:	
	Signature:	
	Date:	

Moordidjabiny Moort Reporting Template

Name of Project:		Project ID#	
Grant amount:			

NAME:		DOB:	
ADDRESS:			
PHONE:			
EMAIL:			

Did the activity occur as planned (date, location, purpose, activity type)?			
If not, why?			
Is there anything you would do differently next time?			
How many people came?	Adults		Children
Did you get out of the activity what you hoped for? Why or why not?			
What did everyone enjoy the most about your activity?			
In what ways did the activity help your family feel stronger?			

You will be notified of a BBQ gathering to share more detail of your stories with other applicants.

SWAMS membership form (if not already a member)

Schedule 1 - Application for Membership Form

South West Aboriginal Medical Service

Application for membership

I, _____ (first name of applicant)

_____ (last name of applicant)

of _____ (address of applicant)

D.O.B: _____ Email: _____

Home Phone: _____ Work: _____ Mobile: _____

I wish to apply for membership to the Corporation. I declare that I am eligible for membership.

I am: Aboriginal Torres Strait Islander Neither

Signature of Applicant: _____

Date: _____

Corporation use only

Application received	Click to enter date	
Application tabled at directors' meeting held on	Click to enter date	
Directors considered applicant is eligible for membership	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Administration has entered name, address and date on registration of members (also Indigeneity if non-Indigenous members are allowed)	Click to enter date	
Administration has sent notification of directors' decision to the applicant	Click to enter date	