

Special Needs Education Policy
Advancing Social Welfare

Provides each registered beneficiary (as well as their children) with financial assistance to cover the costs incurred in educating their dependents with special needs (e.g. autism, ADHD).

BENEFICIARY INFORMATION

Application Date:		Date of Birth:	
Full Name:		Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Street Address:			
City / Suburb:		State:	Postcode:
Email:		Phone:	

EDUCATION DETAILS – complete relevant fields

Child's Name:		Date of Birth:
Disability or Condition:		<input type="checkbox"/> I am the primary carer for this child

SPECIAL EDUCATION REQUIREMENTS

Course / School Fees	\$	<input type="checkbox"/> Primary / High school	<input type="checkbox"/> Day Care	<input type="checkbox"/> Tertiary / Higher education		
Books / Stationery	\$	<input type="checkbox"/> Books	<input type="checkbox"/> Stationery	<input type="checkbox"/> Computer/tablet	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Tutoring
Other	\$	Please specify:				
TOTAL	\$	Up to \$15,000 per beneficiary per financial year (included in overall combined limit of \$15,000)				

REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?

Have you already paid the bill? Yes No

If **'yes'** please provide:

- Invoice detailing services from supplier and the amount paid; and
- Receipt / bank statement / remittance / pay slip showing the funds were paid from your bank account.

If **'no'** please provide:

- Invoice detailing services from supplier showing the amount owed; and
- Supplier contact, payment details and ABN, these details should be included on the supplier invoice.

SUPPORTING DOCUMENTATION

- Supporting documentation from relevant Medical Professional confirming disability / condition.
- Confirmation of school enrolment / attendance rate / computer requirements.
- Quote / invoice/ receipt detailing services and cost is attached.
- If replacing a stolen/broken item, then a police report/repair report must be attached.
- Supplier contact, payment details and ABN are attached.

Applications will NOT be processed until supporting documentation and supplier payment details are received.

- I am not claiming benefits from another funding source (e.g. another Trust, government agency or education department).
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

Beneficiary Signature: **Date:** / /

NOTE: Please keep a record of your receipts as you may be asked to account for how these funds were spent as per the Yinhawangka Charitable Trust Deed.

Please send completed forms and supporting documents to Mutual Trust by:

Fax: (08) 9230 7701 **Email:** perthadmin@mutualtrust.com.au

Mail: Mutual Trust, PO Box 122, NEDLANDS WA 6909

If you have any queries, please contact us on (08) 9230 7700
