

Dependent Child Advice

Please complete this form if you are an IBN Community Member, or legal parent/approved legal carer caring for a dependent child under the age of 18 and wish to access help from IBN for the child/children.

Please note: Biological children of IBN Community Members may apply to join IBN from the age of 16. Once their membership has been accepted they are no longer considered 'dependent' and can apply for benefits directly.

Need help with this form? Contact the Service Delivery Team Freecall **1800 014 401**

Returning this form

This form should be returned to the Service Delivery Team Leader.

Email: applications@ibngroup.com.au
 Post: PO Box 2390, South Hedland, WA, 6722
 Fax: (08) 9140 0998
 In person: 3 Brand Street, South Hedland

Next Steps

Once your application has been received and all required documents provided it will be registered with IBN and assessed and we will let you know the outcome.

If your application is approved your dependent child/children will be added to the IBN Community Members Database. You can then apply for IBN benefits to help in supporting the dependent child/children.

Parent/approved legal carer guardian details

1 Are you an IBN Community Member?

- No
- Yes Language group
 - Yinhawangka
 - Banyjima
 - Nyiyaparli

2 First given name

Second given name

Last name

3 Have you been known by any other name?

- No
- Yes Provide name

4 Date of birth

5 Your gender

- Male
- Female
- Other

6 Mobile phone number (*mobile number preferred*)

This is my current number, please update my record

This is a temporary number, please do not update my record

7 Email address

8 Current home address

Postcode

Child/children in your care

9 CHILD 1

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?

- Parent
- Adoptive parent
- Approved legal carer

If you are not an IBN Member, and you are caring for an IBN child please complete the below section.

Name of child's biological mother (if known)

Name of child's biological father (if known)

Office use only

Date received CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240

CHILD 2

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?

Parent
Adoptive parent
Approved legal carer

If you are not an IBN Member, and you are caring for an IBN child please complete the below section.

Name of child's biological mother (if known)

Name of child's biological father (if known)

CHILD 3

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?

Parent
Adoptive parent
Approved legal carer

If you are not an IBN Member, and you are caring for an IBN child please complete the below section.

Name of child's biological mother (if known)

Name of child's biological father (if known)

CHILD 4

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?

Parent
Adoptive parent
Approved legal carer

If you are not an IBN Member, and you are caring for an IBN child please complete the below section.

Name of child's biological mother (if known)

Name of child's biological father (if known)

CHILD 5

First given name

Second given name

Last name

Date of birth

What is your relationship to the child?


Parent
Adoptive parent
Approved legal carer

If you are not an IBN Member, and you are caring for an IBN child please complete the below section.

Name of child's biological mother (if known)

Name of child's biological father (if known)

Required Documentation

- 10  In order for IBN to assess your application quickly and accurately you must **provide one or more** of the below documents when submitting your application.

Birth certificate

Adoption papers

Centrelink documents

School enrolment

Family law order

Custody order

Foster care placement

Court order for graduated return to care
(if child is being integrated back into the family)

Social worker report

Signature

Date