

MOORDIDJABINY MOORT

BECOMING STRONGER FAMILIES



INFORMATION PACK



Government of Western Australia
Mental Health Commission



South West
AMS
Aboriginal Medical Service



For more information, contact SWAMS Administration.

☎ Admin: (08) 9797 8111

📘 Find us on Facebook

🌐 www.swams.com.au

INFORMATION PACK

What does a Happy, Healthy and Strong Family look and feel like to you and your Family?

Is it connecting on country?

Is it learning about culture from Elders?

Is it having a family team in a social netball comp?

Is it taking your fathers, uncles, nephews, sons out bush and teaching them how to hunt and prepare kangaroo?

It is teaching your family about bush medicine?

It is learning & gaining knowledge to support your family?

SWAMS will support activities which will help Families Become Stronger

WHEN?

Applications for support will open November 14th and close February 28th or sooner if funds are exhausted

The activity must be completed before 30th May 2023

WHO?

This is for Aboriginal people living in the South West region, Narrogin and Katanning.

You must be 18yrs or older to apply.

Only 1 application per family.

HOW?

SWAMS can pay invoices, reimburse you or supply supermarket/fuel vouchers.

WHAT DOES SUPPORT LOOK LIKE?

Financial

Guidance and support to complete application

Guidance and support to complete an activity report

ACTIVITIES WHICH SWAMS WILL SUPPORT INCLUDE:

Going out on country

Group activities

Workshops

Traditional/Cultural practices

Family history

Family reunion

Historical Walks

Videography of family stories

Art Projects

Capacity Building for family members - e.g. Aboriginal Mental Health First Aid

Other resources to support activity/event



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SWAMS WILL CONTRIBUTE TOWARDS:

Travel
Accommodation
Food
Facilitators

SWAMS CANNOT CONTRIBUTE TOWARDS:

Any events that include alcohol
Any event that has a fundraising component to it
Any ticketed event or raffles
Any Life Events
Any event which is funded by other sources/organisations

SHOULD YOUR APPLICATION BE SUCCESSFUL, WHAT'S REQUIRED OF YOU?

A report about your activity, including photos and media
You will be invited to attend a focus group to share your experience

WANT TO KNOW MORE? NEED HELP COMPLETING YOUR APPLICATION?

WHO SHOULD YOU CONTACT?

Renae Stack
Community Liaison Officer on 9797 8111

Your application will take 2 weeks to assess

ALL ACTIVITIES MUST BE ALCOHOL & DRUG FREE!



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MOORDIDJABINY MOORT APPLICATION FORM

Name of the project:	
Type of Grant	<input type="checkbox"/> Small (up to \$500) <input type="checkbox"/> Large (up to \$1,500)

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:	

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 roots <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 <hr/> <hr/> <hr/> <hr/>
Expected number of people:	
Family Group:	

MOORT MOORDIDJANIBY 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: _____

MOORDIDJABINY MOORT REPORTING TEMPLATE

Name of Project:		Project ID#	
Type of Grant:	<input type="checkbox"/> Small (up to \$500) <input type="checkbox"/> Large (up to \$1500)		

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?			



SWAMS Membership Application

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: _____

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	

