# MOORDIDJABINY MOORT

**BECOMING STRONGER FAMILIES** 



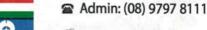
## INFORMATION PACK

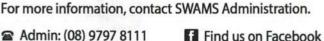












www.swams.com.au

## 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







#### 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 APPLICAITON 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!**









Admin: (08) 9797 8111



For more information, contact SWAMS Administration.

e www.swams.com.au

#### MOORDIDJABINY MOORT APPLICATION FORM

		<del></del>			
Name of the project:					
Type of Grant	☐ Small (up to \$500)				
	☐ Large (up to \$1,500	)			
NAME:		DOB:			
		DOB.			
ADDRESS:					
PHONE:					
Email:					
Are you a SWAMS member?	□ Yes				
	□ No	☐ Word of Mouth	☐ SWAMS Clinic		
How did you find out about this?	☐ Social Media	<del></del>	= SVVAIVIS CHITIC		
apout mis:	☐ Family / Friend	Other:			
When:			<u>.</u>		
Where:					
Why:	☐ Knowing family and roots				
	☐ Knowing culture				
	<ul><li>Being stronger together</li><li>Having fun together</li></ul>				
	Learning together				
	☐ Other, please specif	·y			
Expected number of people:					
Family Group:					

#### MOORT MOORDIDJANIBY BUDGET

PROJECT NAME:	
BUDGET ITEM	costs
<u> </u>	
Subtotal	\$
☐ I understand that this funding cannot be use☐ This activity is not being funded from any of	
· · · · · · · · · · · · · · · · · · ·	ner organisacions.
Name:	
Signature:	Date:

#### MOORDIDJABINY MOORT REPORTING TEMPLATE

Name of Project:		Project ID#	
Type of Grant:	☐ Small (up to \$500)		
	☐ Large (up to \$1500)		
l			
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)

Directors considered applicant is eligible for membership

applicant

Administration has entered name, address and date on registration of

members (also Indigeneity if non-Indigenous members are allowed)

Administration has sent notification of directors' decision to the

Schedule 1 - Application for Membership Form

**South West Aboriginal Medical Service** 

Appl	ication	for	mem	bers	hip

l,		(first name of applicant)
		(last name of applicant)
of		(address of applicant)
D.O.B:	Email:	
Home Phone:	Work:	Mobile:
Wish to apply for member		
I declare that I am eligible I am:   Aboriginal		Neither
Signature of Applicant: Date:		
Corporation use only		
Application received		Click to enter date
Application tabled at dire	ectors' meeting held on	Click to enter date

No 🗆

Yes 🗆

Click to enter date

Click to enter date

