

Confirmation of Aboriginality

This form is to provide evidence of your Confirmation of Aboriginality. The following is intended as procedure for requesting proof Aboriginal heritage from applicants;

There are three criteria for confirmation of Aboriginal or Torres Strait Islander heritage that are will be accepted by our organisation. They are;

- **Being of Aboriginal descent**
- **Identifying as an Aboriginal**
- **Being recognised by the Wellington community in which you live, or formally live as a person of Aboriginal descent.**

How do I obtain proof of my Aboriginality heritage? *Gather as much information about your family heritage with connectedness to the Wellington Aboriginal community. For this reason it is often useful to connection of you or your ancestors to be identified as an Aboriginal or Torres Strait Islander descent.*

1. Application is to be completed in either blue or black pen
2. Make sure this solemn declaration carefully believing the same to be true, signed and by virtue of the provisions in front of a Justice of the Peace
3. Ensure all details are correct and given to the Wellington Aboriginal Corporation Health Service, WACHS, 28 Maxwell St or P.O Box 236, Wellington NSW 2820
4. Allowing organisation appropriate period of time whether to certify your confirmation of Aboriginality to be returned to you
5. WACHS will only approve Confirmations of Aboriginality from the Wellington community

If applicant's information has not been completed in full/ correctly it will be returned to you to complete and therefore only delay the signing of your Confirmation of Aboriginality.

Should you wish to discuss further, please do not hesitate to contact Wellington Aboriginal Corporation Health Service on (02) 6845 3545 and enquiries@wachs.net.au

Privacy Statement

Personal information is collected by the Wellington Aboriginal Corporation Health Service for the purpose of assessing an applicant's eligibility for confirmation. It will be dealt with strictly in accordance with the Information Privacy principals set out in the *Information Act*.

IMPORTANT INFORMATION; Section 136 of the *Criminal Code Act 1995* makes it an offence punishable by imprisonment for 12 months for a person to make a statement to a Commonwealth entity in a document knowing that statement to be false or misleading.

Applicant Declaration

Title (Mr, Mrs, Ms, Miss)		DOB:	
Surname		<i>Maiden name, community or traditional name</i>	
Given name (s)			
Address			
Town/ Suburb		Postcode	

Do solemnly and sincerely declare that; *Please tick the below box/es that apply and complete the following areas.*

1. I am of Aboriginal descent
2. I am of Torres Strait Islander descent and:
 - a. Is recognised and accepted as such by the Wellington community in which the applicant currently lives and has lived at for the following year's _____ to _____.
 - b. Is recognised and accepted as such by the Wellington community in which the applicant formerly lived at for the following year's _____ to _____. *(evidence is applicable)*
3. I identify as an Aboriginal person
4. I identify as a Torres Strait Islander person

Applicant's ancestor history;

Father's Given name & Surname		Mother's given & surname	
Signature (if under 18 yrs of age)		Signature (if applicable)	
Grandfathers name		Grandmothers name	
Grandmothers name		Grandfathers name	

If the child is in the care of the Minister/family kinship – please provide supporting documentation

I make this solemn declaration by virtue of *Oaths Act* and conscientiously believing the statements contained in this declaration to be true in every particular. I understand that a person who wilfully makes false statement in a statutory declaration is liable to a penalty.

Signature of Applicant: _____

Declared at _____ this _____ day of _____ 20_____

Before me _____ Justice of the Peace No: _____
(signature of person before whom the declaration is made)

(here insert printed name, address of person before whom the declaration is made, and person before whom a statutory declaration may be made are listed on the enclosure)

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Recognising Organisation Resolution

Name of Applicant: _____

Address of Applicant: _____

It is hereby confirmed that the above named applicant, seeking assistance from the Aboriginal and Torres Strait Islander Commission has provided sufficient evidence to indicate Aboriginal or Torres Strait Islander descent.

(tick the box/es that apply and Insert name of community)

- Identifies as an Aboriginal person
- Identifies as a Torres Strait Islander * and
- a) Is recognised and accepted such as in the Wellington community in which the applicant currently lives and has lived at for the following years _____ to _____.
- b) Is recognised and accepted such as in the Wellington community in which the applicant formerly lived at for the following years _____ to _____.
- c) Is recognised and accepted as such by the Wellington community which is the applicant's traditional area or area where the applicant's family has lived for inheritance years.

Resolution number: _____

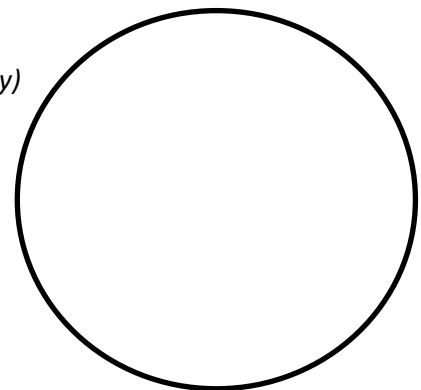
date of meeting: ____ / ____ / ____

Signature: _____

(authorised Signatory)

Signature: _____

(authorised Signatory)



Common Seal to be affixed

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