APPLICATION FORM – PROOF OF ABORIGINALITY

The *Proof of Aboriginality Form* on page 3 is a statutory declaration that forms part of a request for Proof of Aboriginality from the Katungul Board of Directors in accordance with the Katungul Confidentiality and Privacy Policy, *Confirmation of Aboriginality 2018*.

The Katungul Board of Directors assesses requests using the following criteria:

1. That the applicant is of Aboriginal descent;
2. That the applicant self-identifies as an Aboriginal person; and
3. That the applicant is accepted as such by the community in which the applicant lives or formerly lived by reference to the Far South Coast NSW locality requirement (including that the applicant or their family are known to a Director).

Eligible applicants must be from Far South Coast NSW by reference to one of the below locality requirements:

1. The applicant must be living on the Far South Coast NSW and still currently living in Far South Coast NSW; and/or have lived the majority of their life in Far South Coast but is currently living elsewhere.
2. The applicant's family must be from the Far South Coast NSW, but the applicant has not lived in the Far South Coast NSW.

In cases of stolen generation or disconnection from family, Katungul Board of Directors will consider applications that provide clear supporting documentary evidence (from Link-up or other such family history or reunification services) that confirms family heritage is Aboriginal with links to Far South Coast NSW.

TO MAKE A REQUEST PLEASE PROVIDE THE FOLLOWING:

1. The applicant's details page 2.

2. An explanation as to how you, or the applicant if applying for a child, meet the Far South Coast NSW locality requirements on page 2.

If you are applying on the basis that your family are from Far South Coast NSW but you have not lived in Far South Coast NSW (No. 3 of the Far South Coast NSW locality requirements), please provide a letter of support confirming your family links to the Far South Coast NSW from a prominent Far South Coast NSW Aboriginal person (who is not a relative) or a current Katungul Director, who is known to you or your family or provide Link Up documentation.

3. Provide a declaration on the Proof of Aboriginality Form on page 3.

4. Complete 'My Family Tree' form on page 4.

5. Provide a copy of photo identification or birth certificate.

Privacy: *Katungul is collecting your personal information for our Proof of Aboriginality purposes. Your data is used in accordance with the Privacy Act 1988 (Cth), and any other and permitted lawful purposes including under our policies. Your information will be provided to the Katungul Board of Directors, our employees, and contractors for the purpose of collection and may be provided to government entities for lawful and permitted purposes. See Katungul Privacy Policy at https://www.katungul.org.au/privacy.*

APPLICANT DETAILS

NAME OF APPLICANT	
DATE OF BIRTH	
PLACE OF BIRTH	
POSTAL ADDRESS	
TELEPHONE NUMBER	
EMAIL	
IF ACCEPTED, HOW CAN WE RETURN THE FORM TO YOU?	
Explanation required if the applicant is under the age of 18, e.g., whether for Education, School or Sport etc.	

LOCATIONAL ELIGIBILITY

You must meet the Far South Coast NSW locality requirements by one of the following:

1. The applicant must be living Far South Coast NSW and still currently living in Far South Coast NSW; or have lived the majority of their life on the Far South Coast but are currently living elsewhere.
2. The applicant's family must be from the Far South Coast NSW, but the applicant has not lived in the Far South Coast NSW. If you are applying on this basis, please also provide a letter of support confirming your family links to Far South Coast NSW from a prominent Aboriginal person from Far South Coast NSW (who is not a relative) or a current Katungul Director, who is known to you or your family or Link Up documentation.)

Please explain which of the above criteria you meet, including details about your history and connection to Far South Coast NSW.

I agree that the information provided in this application is true and correct.

SIGNATURE (APPLICANT/GUARDIAN) **DATE**

Privacy: *Katungul is collecting your personal information for our Proof of Aboriginality purposes. Your data is used in accordance with the Privacy Act 1988 (Cth), Corporations (Aboriginal and Torres Strait Islander) 2006 (CATSI Act) and any other and permitted lawful purposes including under our policies. Your information will be provided to the Katungul Board of Directors, our employees, and contractors for the purpose of collection and may be provided to government entities including ORIC for audit purposes. See Katungul Privacy Policy at https://www.katungul.org.au/privacy.*

Katungul Aboriginal Corporation Regional Health and Community Services
(ICN: 1816) ABN: 35 679 076 545

Batemans Bay Branch
1-3 Old Princes Hwy
PO Box 687
Batemans Bay, NSW, 2536
Ph: (02) 4488 4050
Fax: (02) 4472 6955

Narooma Branch
26 Princes Highway
PO Box296
Narooma, NSW, 2546
Ph: (02) 4476 2155
Fax: (02) 4476 1963

Bega Branch
25 Bega St
PO Box 422
Bega, NSW, 2550
Ph: (02) 6492 0532
Fax: (02) 6492 0526

PROOF OF ABORIGINALITY FORM

I, _____(Applicant's full name)

Of, _____(Applicant's address)

If you are known by any other name, please provide details: _____

Solemnly and sincerely declare that:

☐ I am of Aboriginal Decent AND

☐ I self-identify as an Aboriginal person AND

I am accepted as such by the following community in which I / my family currently live or have lived Community name: _____

_____(must be a Far South Coast NSW community).

This declaration is true, and I know it is an offence to make a statutory declaration knowing it is false in a material particular.

Declared at: _____on the _____day of _____20_____

Signature of the person making the declaration: _____

Full Name of Known Elder: _____

Signature of Known Elder: _____

Contact Address or Telephone Number of Known Elder: _____

NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.
NOTE: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act.*
NOTE: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.

OFFICE USE ONLY

It is hereby confirmed that the above-named applicant has provided sufficient evidence to indicate that he/she is recognised as being of Aboriginal descent.

Name of Director
Signature
Date
Name of Director
Signature
Date

To be signed in accordance with s 99-5 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 by Far South Coast NSW Katungul Aboriginal Corporation Regional Health and Community Services, ICN 1816.

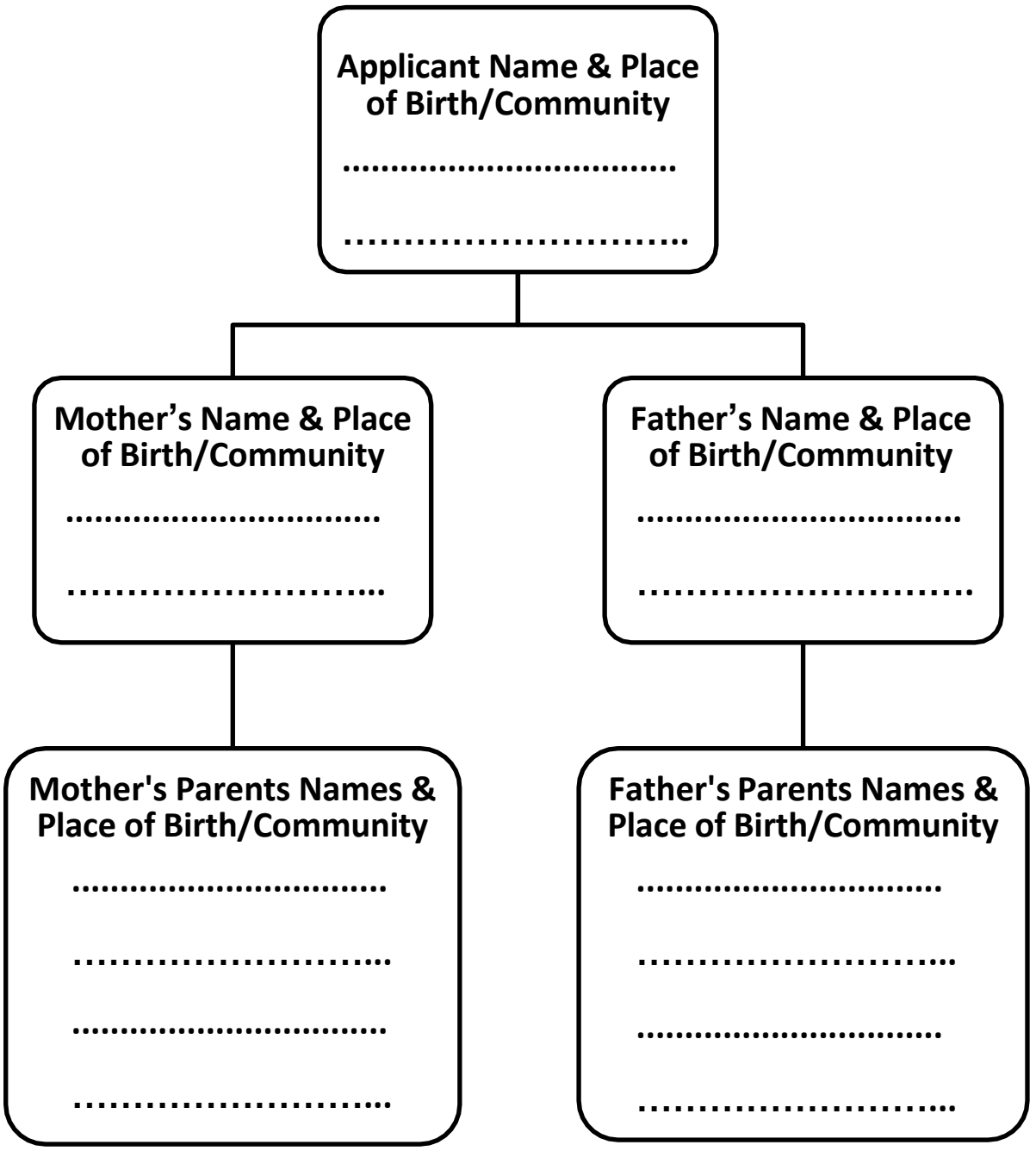
Katungul Aboriginal Corporation Regional Health and Community Services
(ICN: 1816) ABN: 35 679 076 545

Batemans Bay Branch
1-3 Old Princes Hwy
PO Box 687
Batemans Bay, NSW, 2536
Ph: (02) 4488 4050
Fax: (02) 4472 6955

Narooma Branch
26 Princes Highway
PO Box296
Narooma, NSW, 2546
Ph: (02) 4476 2155
Fax: (02) 4476 1963

Bega Branch
25 Bega St
PO Box 422
Bega, NSW, 2550
Ph: (02) 6492 0532
Fax: (02) 6492 0526

FAMILY TREE



Katungul Aboriginal Corporation Regional Health and Community Services
(ICN: 1816) ABN: 35 679 076 545

Batemans Bay Branch
1-3 Old Princes Hwy
PO Box 687
Batemans Bay, NSW, 2536
Ph: (02) 4488 4050
Fax: (02) 4472 6955

Narooma Branch
26 Princes Highway
PO Box296
Narooma, NSW, 2546
Ph: (02) 4476 2155
Fax: (02) 4476 1963

Bega Branch
25 Bega St
PO Box 422
Bega, NSW, 2550
Ph: (02) 6492 0532
Fax: (02) 6492 0526