

Armajun Health Service Aboriginal Corporation

Trading as Armajun Aboriginal Health Service

1 Rivers Street INVERELL NSW 2360

02 67 219777

ABN: 98 587 746 234

ICN: 8278

Section 1: to be completed by the person for confirmation. Confirmation of your Aboriginality can only be approved by a resolution at a formal meeting of the Armajun Health Service Aboriginal Corporation Board of Directors. Please fill in the details below, and then submit this form for approval by a formal resolution and signature by the Board of Directors.

Your Details:			_			
	Title:					
	Given Name(s):					
	Date of Birth:					
	Born at:					
	Current Address	:				
	Phone:					
Signature:				Date:		
We, the govern	ing body of Armai	un Health Service	e Aboriginal Corporatio	n confirm th	at:	
We, the governing body of Armajun Health Service Aboriginal Corporation confirm that: By resolution numberthat						
	 Is of Aboriginal or Torres Strait Islander descent: and Identifies as Aboriginal or Torres Strait Islander, and Is recognised as Aboriginal or Torres Strait Islander by 				and	
Common seal:	-	Γhe	Con	nmunity/ whe	ere he/she now or did live.	
Name of Chairp	erson		Signature		Date	
Name of Secretary			Signature		Date	
This form must be accompanied by the Confirmation of Aboriginality application form.						



Armajun Health Service Aboriginal Corporation

Trading as Armajun Aboriginal Health Service

1 Rivers Street INVERELL NSW 2360 02 67 219777

ABN: 98 587 746 234 ICN: 8278

Confirmation of Aboriginality Application Form

The Armajun Health Service Aboriginal Corporation Board takes the responsibility of confirming Aboriginality seriously and will only consider cases where the applicant meets all the eligibility requirements. This position has been taken as these requests are generally for the purpose of seeking eligibility to services and opportunities that are exclusively for the benefit of Aboriginal and Torres Strait Islander people.

Eligibility:

Aboriginality Eligibility – to meet this criterion, you must be able to satisfy all three parts of the following definition:

- Descent the individual can prove that a parent/s is of Aboriginal and/or Torres Strait Islander descent (family tree required); and
- **Self-Identification** the individual identifies as an Aboriginal and/or Torres Strait Islander (can give explicit examples of identification); and
- Community Recognition the individual is accepted as such by the Aboriginal and Torres Strait
 Islander community in which they live (two written references required)

In the cases of stolen generation, the Armajun Health Service Aboriginal Corporation Board will consider applications where you can provide clear supporting documentary evidence (from Link-up or other such family history or reunification services) that your family heritage is Aboriginal and/or Torres Strait Islander.

2. Locational Eligibility — relates to the coverage of the Armajun Health Service Aboriginal Corporation. To meet this criterion, you must be:

- from the Armajun Service area and still currently living in the Armajun service area; or
- from the Armajun Service area or have lived the majority of your life in the Armajun Service area, but you are currently living elsewhere; or
- Parent and/or grandparent were born and/or raised in the Armajun Service area; or
- from a community outside of the Armajun Service area, but you have lived the majority of your life in the Armajun Service area.

If your family heritage is from outside of the Armajun Service area and you do not meet the above criteria, your application will not be accepted. You should instead seek your confirmation from a relevant local Aboriginal organisation in the area where your family is from.

Completing the Application Form

This application must be correctly and fully completed. It is your responsibility to provide the necessary documentation to prove that you meet the Confirmation of Aboriginality criteria. If you do not provide sufficient documentation, then your application will not be considered by the Board.

The Confirmation of Aboriginality remains entirely at the discretion of the Board. A complete application is not a guarantee of approval.

Applicant Details	S							
Name:								
Date of Birth	4	Place of	Birth:					
Street Address:								
Suburb:		Postcode:						
Phone Number:		Mobile Numbe	er: Ema					
Please select on	o of the foll	lowing to indicate ve	ur doscont:					
		lowing to indicate yo						
Aborigina	П	Forres Strait Islander	Aborigi	nal & Torres Strait	t Islander			
Why do you need a confirmation of Aboriginality?								
Aboriginality Elig	gibility							
Aboriginality Eligibility								
•	Family Tree attached demonstrating your family heritage and clearly indicating which parent/s or grandparent/s are Indigenous (mandatory for all applicants).							
•	Explicit examples of your self-identification stated below in your own words (mandatory for all applicants).							
Two w	Two written references attached confirming your descent, self-identification and community							
•	acceptance, with contact details for each referee and/or organisation (mandatory for all applicants).							
Link-U	Link-Up documentation attached (only for Applicants who are from the Stolen Generation).							
Locational eligib	ility							
Please provide your history, details and connection to the Armajun service area:								
				, ,				
Signature of Applicant:		Date:	/ /					

Family Tree of Applicant
(Please fill in the family tree below and ensure that you clearly mark which parent/s or grandparent/s are Indigenous – an example is provided on the following page)
You
Any other additional family information you believe to be relevant:
Self-Identification: Explicitly state how you self-identify as an Aboriginal and/or Torres Strait Islander person. i.e. Explain your current and/or past usage of a local Aboriginal organisation/s like an Aboriginal
Medical Service, AES, Local Land Council etc. Attach any school records illustrating you self-identification.
Muitton Deferences regarding Community Assentance
Written References regarding Community Acceptance
The written references must be composed of ONE written reference from a local Elder and ONE written references from a local Aboriginal organisation or community group with an incorporation seal. Each referee/ organisation must be willing to be contacted and their contact details must be included.



