211 Royal St East Perth WA 6004
PO BOX 8105 PBC WA 6849
T: 9221 1411 | F: 9221 1585
E: info@wungening.com.au
W: www.wungening.com.au

Confirmation of Aboriginality or Torres Strait Islander Descent Form

The information you provide by completing this form will help Wungening Aboriginal Corporation Board of Director to confirm your Aboriginality or Torres Strait Islander Descent.

All information provided will be kept strictly confidential.

Confirmation of Aboriginality or Torres Strait Islander Descent applications are available on the Wungening Aboriginal Corporation website or can be sent to applicants by the Executive Assistant by emailing HYPERLINK "mailto:"coa@wungening.com.au

Board of Director will review applications on the 4th Wednesday of each month, excluding January.

Please complete as follows:

1. Complete the Confirmation of Aboriginality or Torres Strait Islander Descent application (page 2).
2. Completed application is to be emailed to coa@wungening.com.au
3. Application must be received no later than 5 days prior to the meeting.
4. Advice of outcome will be provided to applicant via email or mail.

Confirmation of Aboriginality or Torres Strait Islander Descent Form

Applicants Declaration

I _____ (Full name)

Place of Birth _____ Date of Birth _____

Are you also known by any other name? (maiden, community, or traditional name)

_____ _____

(Email address)

of _____

(Residential address)

Home Phone _____ Mobile _____

make the following declaration:

1. I am of Aboriginal descent, and I identify as an Aboriginal person ☐
2. I am of Torres Strait Islander descent, and I identify as a Torres Strait Islander ☐

and

3. I am accepted as such by the community which I currently live * _____

Or I am accepted as such by the community which I formally lived * _____

For _____ years

*Community refers to nation or language group. It does not refer to suburb/city. For example, Noongar/Yamatji

Family History

	Mother	Father
Your Mother and Father		
Their Mother		
Their Father		
Please note any other supporting information if required:		

Applicants Signature _____ Date _____

Review and Approval

Applicants Details

Name of Applicant _____

Address of Applicant _____

It is hereby confirmed that the above-named applicant has provided sufficient evidence to confirm they are:

1. Of Aboriginal and/or Torres Strait Islander descent, and ☐
2. Identifies as an Aboriginal and/or Torres Strait Islander person, and ☐
3. Is recognised and accepted as an Aboriginal or Torres Strait person by the

_____ Community

In which the applicant currently lives/formally lived; or is recognised and accepted as an Aboriginal and/or Torres Strait Islander person by the

_____ Community

which is the applicant's traditional area or area where the applicant's family has lived.

Any other relevant information gathered:

Other outcome (if applicable):

Organisation Details

Name of Organisation _____

ABN Number _____

Date of Meeting _____ Place Common Seal Here

Contact Number _____

Authorised Signatures (two Board members to sign)

_____	_____
Signature	Signature
_____	_____
Name	Name
_____	_____
Position/Title	Position/Title
_____	_____
Date	Date

Office Use Only

Board of Directors	
Correspondence	
Register	
Date	