



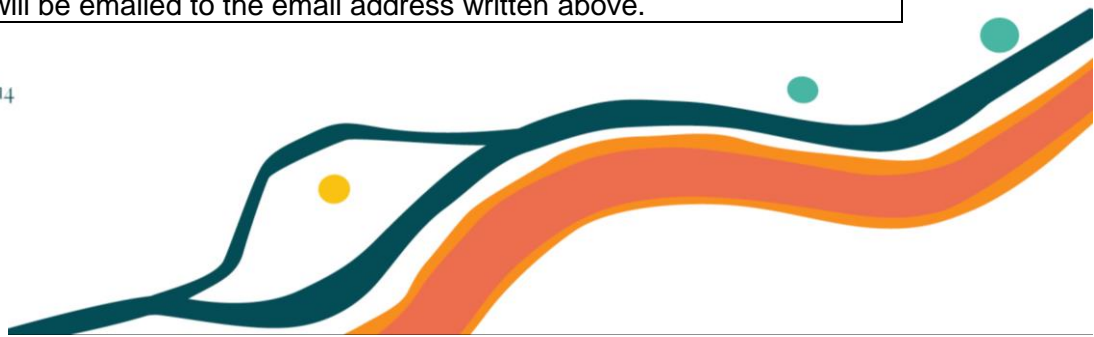
CONFIRMATION OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER DESCENT DECLARATION - APPLICATION FORM

This Application Form must be completed correctly for it to be considered for Board Approval. As evidence to support your application please attach a Justice of the Peace (JP) certified current photo ID of yourself which includes your Date of Birth.

The completed Application Form should be addressed '**Attention: Company Secretary**' and can be lodged:

- **IN PERSON** - TAIHS Medical Clinic main reception, 57 – 59 Gordon St, Garbutt. Townsville. QLD 4814.
- **BY POST** – PO Box 7534, Garbutt Business Centre. QLD. 4814.

APPLICANT DETAILS	
First Name/s	
Middle Name/s	
Last Name	
Are you also known by other names? (i.e., Maiden name, community, or traditional name)	
Gender	
Date of Birth	
Place of Birth and State	
* CURRENT RESIDENTIAL ADDRESS	
Suburb	
State and Postcode	
* POSTAL ADDRESS (if different to Residential Address)	
Contact Telephone Number	
* EMAIL ADDRESS	
APPLICANT DECLARATION: Please tick the box, Sign and Date the Declaration. <input type="checkbox"/> <i>I understand that my application is dependent on current Board Members knowing who I am and my family heritage.</i>	
Applicant's Signature: _____ Date: / /	
If your application is approved, please tick <input checked="" type="checkbox"/> the box below how you would like to receive your confirmation letter. <input type="checkbox"/> Posted – Letter will be posted to the postal address written above. <input type="checkbox"/> Emailed – Letter will be emailed to the email address written above.	



CONFIRMATION OF ABORIGINALITY AND/OR TORRES STRAIT ISLANDER DESCENT
APPLICATION DECLARATION (CON'T)



APPLICANT'S FAMILY HERITAGE TREE

This 'family tree' is provided for you to complete and demonstrate your family heritage, clearly indicating which parent/s or grandparent/s are Aboriginal and/or Torres Strait Islander.

Please write **Full Names** in the boxes provided below and tick the cultural descent for each family member.

YOUR MOTHER'S FAMILY

- 1) **Mother's Full Name:** _____
Identifies as ☐ Aboriginal ☐ Torres Strait Islander ☐ non-Indigenous.
- 2) **Full Name of Mother's Mother** (Grandmother):

Identifies as ☐ Aboriginal ☐ Torres Strait Islander ☐ non-Indigenous.
- 3) **Full Name of Mother's Father** (Grandfather):

Identifies as ☐ Aboriginal ☐ Torres Strait Islander ☐ non-Indigenous.

YOUR FATHER'S FAMILY

- 1) **Father's Full Name:** _____
Identifies as ☐ Aboriginal ☐ Torres Strait Islander ☐ non-Indigenous.
- 2) **Full Name of Father's Mother** (Grandmother):

Identifies as ☐ Aboriginal ☐ Torres Strait Islander ☐ non-Indigenous.
- 3) **Full Name of Father's Father** (Grandfather):

Identifies as ☐ Aboriginal ☐ Torres Strait Islander ☐ non-Indigenous.



Townsville Aboriginal and Torres Islander Corporation for Health Services

ABN: 66 010 113 603 ICN: 7681

CONFIRMATION OF DESCENT DECLARATION

Applicants Full Name: _____

Date of Birth: _____ **Birthplace:** _____

Address: _____

State: _____ **Postcode:** _____

Applicant's Signature: _____

For Board of Directors Use only

We the Board of Directors, on behalf of the Townsville Aboriginal and Islander Health Service (TAIHS), hereby confirm the above-named Applicant is:

- ☐ of Aboriginal descent.
- ☐ of Torres Strait Islander descent.
- ☐ of Aboriginal and Torres Strait Islander descent.
- ☐ Identifies as an Aboriginal and/or Torres Strait Islander person.
- ☐ accepted as such by the community in which they live, or formerly lived.
- ☐ Not Accepted. Not known by the current Board of Directors.

Meeting Date:	Resolution Number:
Moved by: Director's Name: Directors Signature:	
Seconded by: Director's Name: Director's Signature:	
Chairperson Name:	Chairperson Signature:

