Aboriginal or Torres Strait Islander Descent Form

About this reference I am the authorised referee (as listed in column 1), and I have known the applicant: This referee can only be filled out by an 'authorised referee'. professionally Authorised referees include: personally Chairperson, Secretary or CEO on an incorporated Indigenous organisation (including lands councils, community councils, housing organisations etc) for years School principal Minister of religion I can confirm the applicant information from: Treating health professional Manager of Aboriginal medical service Personal knowledge Church records Centrelink staff, Centrelink agent or other Government employee of 5 or more years. Organisation records Medical records **Claimant Personal Details** Council records School records Family name Other (give details below) First name I can confirm that the applicant is an identified member of Second name the <Insert traditional owner group> Other names used or been known by (e.g. name at birth, **Authorised referee's details** nickname, aboriginal or tribal name, alias). Full name Title or official position Date of birth ABN (if applicable) Place of birth Phone number) Address Giving false or misleading information is an offence. Referee's signature X Applicants signature Seal or stamp X Date Statement by authorised referee I confirm that: The applicants has signed this in my presence, or the applicant is currently km/hours away and



I have identified them as the person named at question 1

