Bundiyarra Aboriginal



#### Incorporating:

- Irra Wangga Language
  Program
- Book sales including the Wajarri Dictionary
- Wajarri Language Courses
- Environmental Health
  Program
- Conference Room Facilities
- Aboriginal Resource Centre

PO Box 7319 Cnr Eastward & Blencowe Rds GERALDTON WA 6530 P: (08) 9920 7900 F: (08) 9964 5283 reception@bundiyarra.org.au www.bundiyarra.com.au Hours: MON-FRI: 9:00am-

3:00pm Language Centre: MON-THURS: 9:00am-3:00pm

### CONFIRMATION OF ABORIGINALITY OR TORRES STRAIT ISLANDER DESCENT BY RECOGNISING ORGANISATION

Name of Applicant:
Address of Applicant:
Date of Birth: Place of Birth:
Phone: Date of Application:
Email (if one can be provided)
Tribe/mob/area:
Parents/descendants of:
Mother:
Father:
Maternal Grandparents:
Paternal Grandparents:
Applicants must address the following questions.
If all three are not checked off this will not be submitted for approval
□ Of Aboriginal and/or Torres Strait Islander descent and
Identifies as an Aboriginal and/or Torres Strait Islander person; and
□ Is recognised and accepted as an Aboriginal and/or Torres Strait Islander person by the community in which the applicant currently lives/formally lived;

person by the community in which the applicant currently lives/formally lived; or 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.

□ Approved

 $\square$  Board of Directors unable to verify at this time\*

\*<u>Please provide supporting documentation as requested by the Board</u> Please refer to email or letter sent to you.

# **Office Use Only:**

It is hereby confirmed that the above-named community member, seeking assistance from Bundiyarra Aboriginal Community (Aboriginal Corporation) has provided sufficient evidence to indicate he/she is of Aboriginal and/or Torres Strait Islander decent and identifies as an Aboriginal and/or Torres Strait Islander person.

## Authorised signatories.

1.
Signature
Print Name
Position/Title
Contact number
Date
2.
Signature
Print Name
Position/Title
Contact number
Date

# **Organisation Details:**

## Organisation's common seal to be affixed.



