

BUNDIYARRA ABORIGINAL COMMUNITY (ABORIGINAL CORPORATION)

Cnr Eastward & Blencowe Rds. Utakarra - PO Box 7319 Rangeway Geraldton
WA, 6530 Phone: (08) 9920 7900

Email: reception@bundiyyarra.org.au

CONFIRMATION OF ABORIGINALITY OR TORRES STRAIT ISLANDER DESCENT BY RECOGNISING ORGANISATION

Applicant Details:

Name of Applicant:

Address of Applicant:

Parents/descendents of:

Tribe/mob/area:

Date of Birth: Place of Birth:

Phone: Date of Application:

Email (if applicable)

Please provide supporting documentation

Clients must address the following questions.

- ☐ 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; 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.

It is hereby confirmed that the above-named applicant, seeking assistance from Bundiyyarra 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.

Organisation Details

Name of Organisation: Bundiyyarra Aboriginal Community (Aboriginal Corporation)

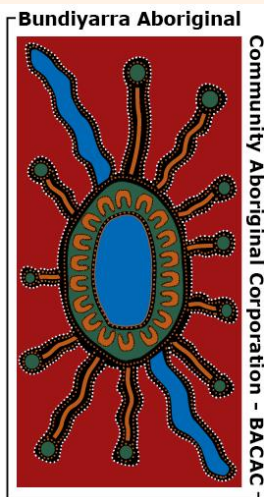
ABN number:_Date of meeting:

Contact details:

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Organisation's common seal to be affixed.



PO Box 7319

Cnr Eastward & Blencowe Rds
GERALDTON WA 6530

P: (08) 9920 7900

F: (08) 9964 5283

reception@bundiyyarra.org.au

www.bundiyyarra.com.au

Hours: MON-FRI: 9:00am-

3:00pm

Language Centre: MON-THURS:

9:00am-3:00pm

Incorporating:

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

Authorised signatories.

1.

Signature

Print Name.....

Position/Title.....

Date Contact number

2.

Signature

Print Name.....

Position/Title.....

Date Contact number