# Moorundi

Aboriginal Community Controlled Health Service Ltd

## Confirmation of Aboriginality or Torres Strait Islander Descent

### Applicant Declaration

**I** _____ **Date of Birth :** _____

(PLEASE PRINT IN BLOCK letters. **Please include Preferred Name / Nickname**)

**Of** _____ **Post Code** _____

(PLEASE PRINT IN BLOCK letters)

Do solemnly and sincerely declare that I AM and IDENTIFY as being of Aboriginal &/OR Torres Strait Islander descent and am accepted as such by:

_____

(Name of Community to whom I am known and accepted)

_____

(Name of Board Member/Staff Member of MOORUNDI ACCHS to whom I am known and accepted)

| Mothers details | DOB | AB/TSI | Community | Fathers details | DOB | AB/TSI | Community |
|---|---|---|---|---|---|---|---|
| | | Y/N | | | | Y/N | |
| Grandmother | | | | Grandmother | | | |
| | | Y/N | | | | Y/N | |
| Grandfather | | | | Grandfather | | | |
| | | Y/N | | | | Y/N | |

### Copy of Birth Certificate or any supporting document? Yes / No

**I make this solemn declaration that I absolutely accept as true and correct.**

_____

**Signature of Applicant**

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### Organisation Declaration

**Date of Meeting:** _____

**Signature:** _____

**(Authorised Signatory)**

**Name:** _____

**Signature:** _____

**(Authorised Signatory)**

**Name:** _____

**(Common Seal to be affixed)**

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