Nunyara Wellbeing Centre Inc

CONFIRMATION OF ABORIGINALITY

APPLICANT DECLARATION:

I, ----------

PRINT NAME IN BLOCK LETTERS

Of: ---------- Contact Number:----------

PRINT ADDRESS IN BLOCK LETTERS

Do solemnly and sincerely declare that I am of Aboriginal descent. I identify as an Aboriginal person and am accepted as such by:

NAME OF COMMUNTIY

NAME OF NUNYARA WELLBEING CENTRE BOARD MEMBER

**DELETE WHICHEVER IS NOT APPLICABLE*

Mother's Details	Aboriginal or TSI	Fathers Details	Aboriginal or TSI
MOTHERS NAME	*YES / NO*	**FATHERS NAME**	*YES / NO*
GRANDMOTHERS NAME	*YES / NO*	**GRANDMOTHERS NAME**	*YES / NO*
GRANDFATHERS NAME	*YES / NO*	**GRANDFATHERS NAME**	*YES / NO*

I make this solemn declaration conscientiously believing the statements contained in this declaration to be true and correct

Applicant Signature _____ **Date** _____

OFFICE USE ONLY

IT IS HEREBY CONFIRMED THAT THE ABOVE NAMED APPLICANT IS OF AN ABORIGINAL DESCENT, IDENTIFIES AS AN ABORIGINAL PERSON AND IS ACCEPTED AS SUCH BY THE COMMUNITY IN WHICH HE / SHE* LIVES. **DELETE WHICHEVER IS NOT APPLICABLE*

MEETING DATE: ---------- VENUE: ----------

MOVED BY: ---------- ----------

PRINT NAME SIGNATURE

SECONDED BY: ---------- ----------

PRINT NAME SIGNATURE

AFFIX COMMON SEAL HERE

RESOLUTION NUMBER: _____

PO Box 2253, Whyalla Norrie, SA 5608. Phone: 86494366. Fax: 86494185