

CONFIRMATION OF ABORIGINALITY

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If you and your family are not from the Ipswich region - DO NOT SUBMIT THIS FORM.

Only under special circumstances will you be considered. Special considerations will be required to:

Provide evidence of your Aboriginality - Family Tree and/or Referee (support) letter from a local Aboriginal person.

The Kambu Health Board has the right to reject any application.

The Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu Health) Board takes the responsibility of confirming Aboriginality seriously and will only consider cases where the applicant and their family's heritage is known to the Board, and where they meet all eligibility requirements.

This position has been taken as these requests are generally for the purpose of seeking eligibility to services and opportunities that are exclusively for the benefit of Aboriginal and or Torres Strait Islander people.

ELIGIBILITY

1. Aboriginality eligibility - to meet this criterion, you must be able to satisfy all three-parts of the following definition:

- descent - the individual can prove that a parent is of Aboriginal or Torres Strait Islander descent (family tree required)
- self-identification - the individual identifies as an Aboriginal or Torres Strait Islander
- community recognition - the individual is accepted as such by the Aboriginal or Torres Strait Islander community in which they live (two written references required).

In cases of stolen generation or disconnection from family, the Kambu Health Board will consider applications where you can provide clear supporting documentary evidence.

2. Unsure of your history? - In cases of stolen generation or disconnection from family, the Kambu Health Board will consider applications where you can provide clear supporting documentary evidence from:

- Link-Up (QLD) (link-upqld.org.au)
- Link-Up (NSW) (linkupnsw.org.au)
- Community and Personal Histories (QLD Govt) [Family history request form | Aboriginal and Torres Strait Islander peoples | Queensland Government \(www.qld.gov.au\)](#)
- Or other such family history or reunification services that your family heritage is Indigenous.

3. Locational eligibility - relates to the coverage of Kambu Health being for the Aboriginal and Torres Strait Islander Community of Ipswich and west Moreton Districts to meet this criterion, you must be:

- from the Ipswich or west Moreton District and still currently living in the Ipswich or west Moreton District; or
- from the Ipswich or west Moreton District or have lived most of your life in the Ipswich or west Moreton District, but you are currently living elsewhere; or
- born and/or raised in the Ipswich or west Moreton District; regardless of where your family is from; or
- from a community outside of the Ipswich and west Moreton District, but you have lived most of your life in the Ipswich or west Moreton District; or at least the past 5 years.

If your family heritage is from outside of the Ipswich or west Moreton District and you do not meet the above criteria, your application will not be accepted. You should instead seek your confirmation from a relevant local Indigenous organisation in the area where your family is from.

Completing the Application Form

This application must be correctly and fully completed. It is your responsibility to provide the necessary documentation to prove that you meet the Confirmation of Aboriginality criteria. If you do not provide sufficient documentation, then your application will not be considered by the Kambu Health Board and will be returned to you for completion.

The Confirmation of Aboriginality remains entirely at the discretion of the Kambu Health Board. Despite an application being complete, if the Kambu Health Board does not have any knowledge of the applicant or their family heritage, they will not approve the Confirmation of Aboriginality.

APPLICANT DETAILS

Name: _____
Date of Birth: _____ Place of Birth: _____
Street Address: _____
Suburb: _____ Postcode: _____
Phone Number: _____ Mobile Phone Number: _____
Email: _____

Please circle one of the following to indicate your descent:

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Why do you need a Confirmation of Aboriginality?

Aboriginality eligibility

- Family Tree attached demonstrating your family heritage and clearly indicating which parent/s or grandparent/s are Indigenous (mandatory for all applicants).
- Two written references attached confirming your descent, self-identification, and community recognition (mandatory for all applicants).
- Link-Up, Community and Personal Histories and or another family history or reunification service documentation attached (only for Applicants who are from the Stolen Generation or who are disconnected from their family).

Locational eligibility

Please provide your history, details and connection to the Ipswich or west Moreton District.

Are you a member of Kambu Health or any other community organisation?

Please circle: Yes / No

If yes, which community organisation are you a member of?

Signature of applicant: _____ Date: ____ / ____ / ____

FAMILY TREE OF APPLICANT

(Please draw your family tree ensuring you clearly mark which parent/s or grandparent/s are Indigenous – an example is provided at bottom of page).

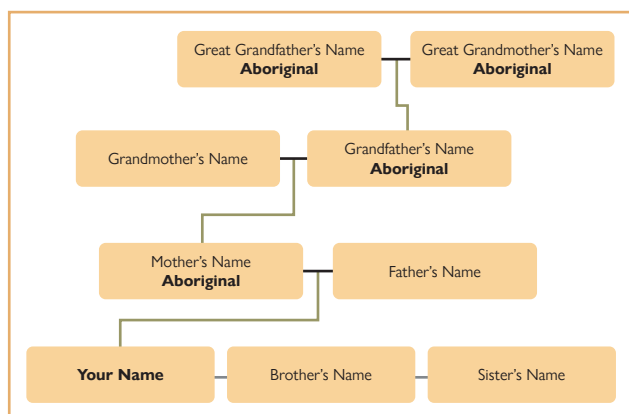
IMPORTANT – PLEASE ATTACH A FORM OF PHOTO IDENTIFICATION TO THIS APPLICATION (i.e., Driver's Licence, Passport etc)

ANY OTHER ADDITIONAL FAMILY INFORMATION YOU WISH TO PROVIDE:

Please Submit Your Application To - kristen.powles@kambuhealth.com.au

All correspondence must be in writing - email or letter - and sent to Kristen Powles.

SAMPLE ONLY – Family Tree



FURTHER INFORMATION

If you would like further information about Confirmation of Aboriginality you can visit the following:

- [Australian Institute of Aboriginal and Torres Strait Islander Studies](#)
- [Fact Sheet 12: Proof of Aboriginality and Torres Strait Islander Heritage](#)
- [Policy Paper – Australian Parliament](#)

CONFIRMATION AND ACCEPTANCE OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT

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Name of Person: _____ DOB: ____ / ____ / ____

Address of Applicant: _____

DECLARATION OF ABORIGINALITY

I _____ declare that I identify as being Aboriginal and/or Torres Strait Islander.

Applicants Signature _____ Date _____
(Parents signature & name if child is under 16 years)

I understand that the information given on this form is complete and correct and the information on this form is required for _____ only.

Confirmation and acceptance of Aboriginality or Torres Strait Islander Descent must be passed by a formal meeting of the Kambu Aboriginal and Torres Strait Islander Corporation for Health Board of Directors and signed by the Chairperson and Secretary under the Common Seal of the corporation.

Board Use Only

It is hereby confirmed the above person is of Aboriginal and/or Torres Strait Islander descent and identifies as an *Aboriginal and/or Torres Strait Islander Person and is accepted as such by the community in which he/she lives (*delete whichever is not applicable).

Resolution Number: _____ Date of Meeting: ____ / ____ / ____

Moved By: _____ (PRINT NAME) Seconded By: _____ (PRINT NAME)

Signature: _____
(CHAIRPERSON)

Signature: _____
(SECRETARY)

Ipswich Clinic

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IPSWICH QLD 4305

✉ ipswichclinic@kambuhealth.com.au

☎ (07) 3810 3000

📠 (07) 3812 5177

Laidley Clinic

📍 164 Patrick Street,
LAIDLEY QLD 4341

✉ laidley.clinic@kambuhealth.com.au

☎ (07) 5465 3541

📠 (07) 5465 3156