

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.

Your Aboriginal or Torres Strait Islander heritage is something that is personal to you. You do not need a letter of confirmation to identify as an Indigenous Australian.

However, you may be asked to provide proof or confirmation of Aboriginal and/or Torres Strait Islander heritage when applying for Indigenous-specific services or programs such as:

- grants (such as Indigenous housing loans, research, and study grants)
- university courses (with specific positions for Indigenous students)
- Centrelink and housing assistance (Indigenous-specific)
- employment (Indigenous identified positions)
- school programs for Indigenous students.

Government agencies and community organisations usually accept three (3) 'working criteria' as confirmation of Aboriginal or Torres Strait Islander heritage. These are:

- being of Aboriginal or Torres Strait Islander descent
- identifying as an Aboriginal or Torres Strait Islander person
- being accepted as such by the community in which you live, or formerly lived.

All these elements must apply. The way you look or how you live are not requirements.

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 \(www.qld.gov.au\)](http://www.qld.gov.au)
- Or other such family history or reunification services that your family heritage is Indigenous.

- 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.

Completing the Application Form

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 Name:

Applicant Address:

I have known _____ for _____.
(insert applicant full name) (insert how many years)

I am connected to the applicant through: _____
(specific relationship / or I know the applicant because of)

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?

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).

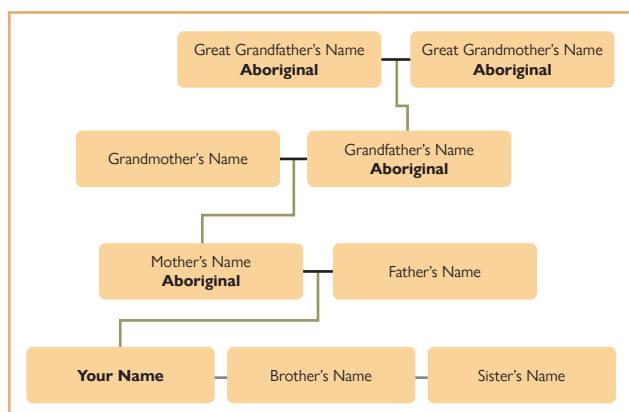
IMPORTANT – PLEASE ATTACH A FORM OF PHOTO IDENTIFICATION TO THIS APPLICATION (i.e., Driver's Licence, Passport etc)

ANY OTHER ADDITIONAL FAMILY INFORMATION YOU WISH TO PROVIDE:

Please Submit Your Application To - comms@kambuhealth.com.au

All correspondence must be in writing - email or post - 27 Roderick Street Ipswich QLD 4305

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

📍 27 Roderick Street
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