

Confirmation of Aboriginal and/or Torres Strait Islander descent by an Aboriginal and/or Torres Strait Islander Organisation

Please note:

- Incorporated organisations are required to complete sections A, B and C
- Unincorporated organisations or Community Elders are required to complete sections A, and/or C and D.

A. Candidate Details

Name of candidate _____

Address of candidate _____

Date of Birth _____ Place of Birth _____

It is hereby confirmed that the above named candidate:

1. Is of Aboriginal and/or Torres Strait Islander descent; and
2. Identifies as an Aboriginal and/or Torres Strait Islander person; and
3. Is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the community in which the candidate currently lives / formally lived; **OR** is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the _____ community which is the candidate's traditional area or area where the candidate's family has lived.

B. Organisation Details

Name of organisation _____

ICN or ACN number _____

Date of meeting _____

Contact phone number _____

Authorised Signatories

Signature 1 _____

Print name _____

Position / title _____

Date _____ Contact phone number _____

Signature 2 _____

Print name _____

Position / title _____

Date _____ Contact phone number _____





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C. Unincorporated Organisation or Community Elder's Details

Name of unincorporated organisation _____

OR

The Elder, who have acted as authorised signatory, are part of the _____ community.

Signature 1 _____

Print name _____

Position / title _____

Date _____ Contact phone number _____

