

Notice to Community: Confirmation of Aboriginality



As of 20/09/2019 Confirmation of Aboriginality applications will only be tabled quarterly for consideration – March, June, September & December

Confirmations can only be issued by Awabakal Ltd to those persons who:

1. Are a member of the Awabakal Ltd
2. Are of Aboriginal descent
3. Identify as an Aboriginal descendant
4. Are recognized and accepted as an Aboriginal person in the Awabakal community
5. A patient of Awabakal Medical Service
6. An Awabakal Aged Care client
7. An Awabakal NDIS client
8. A family attending an Awabakal Early Learning and Education Preschool

Persons who cannot satisfy the Board that they are accepted as Aboriginal in the Awabakal community, should instead make an application to an appropriate Local Aboriginal Land Council or to an authorised Aboriginal organisation in their place of birth or another Aboriginal organisation in which they are recognised and accepted.

Once an application is Not Approved it cannot be tabled again.

Those applicants known however not living in the area are to be referred back to place of Birth.

Mr Edward Smith
Chairperson
Board of Directors

Confirmation of Aboriginality Application form

Confirmation of Aboriginality applicants are put before the Board of Directors at the next available meeting. The individual Directors base their decisions primarily on whether they happen to know the applicants personally, or through family relationships and can identify the individual's Aboriginality.

In order to approve your application, you need to meet all criteria and detail all information as accurately as possible. Lack of information could result in your application not being approved.

Criteria A – The applicant is a member of the Awabakal Ltd

Criteria B – The applicant is of Aboriginal descent

Criteria C – Identifies as an Aboriginal descendant

Criteria D – Is recognised and accepted as an Aboriginal person in the Awabakal community

Please fill in the following information:

Surname:

First name:

Middle name:

Date of birth: ____ / ____ / ____

Place of birth:

Address

Unit/house no:

Street name:

Suburb:

Postcode:

Contact phone no:

DIRECTORS USE ONLY

Date of BOD meeting: ____ / ____ / ____

Approved: Yes No

Moved by:

Seconded by:

Motion No.:

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Signature of Director

.....
Signature of Director

Confirmation of Aboriginality Application form



Family Details

In order to meet criteria (A) please complete the following:

Mother's full name: Maiden name:

Mother's place of birth: Date of birth: ____ / ____ / ____

Father's full name:

Father's place of birth: Date of birth: ____ / ____ / ____

Does your family originally come from (please circle one of the below):

Newcastle Lake Macquarie Port Stephens Hunter Valley None of these

If not, are you and your family related to any families in the Awabakal community?

Yes No

Please detail family names and their relationship to you:

.....
.....

Do you know the tribe or clan you descend from?

.....

Where is your homeland?

.....

Confirmation of Aboriginality Application form



Community Involvement

In order to meet criteria (C) please complete the following:

How long have you lived in the Awabakal community?

Are you a member or active in any other local Aboriginal organisations?

Yes

No

Which organisations?

.....

**What involvement have you had with the Aboriginal community in Newcastle,
Lake Macquarie, Port Stephens or the Hunter Valley regions?**

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**If you have not lived in the Awabakal community for more than 12 months, what was your
previous community?** (It is recommended you apply for 'Confirmation of Aboriginality' from the
community you are known in)

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What involvement have you had in your previous community?

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.....

Are you from the stolen generation, adopted or other?

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.....

Please use blank page attached for any additional information.

Please include (where available):

- Full names (and any other name known by)
- Date of birth
- Deceased date
- Whether or not person is of Aboriginal heritage
- Tribe or Clan

Me

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My siblings

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My Mother

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Her siblings

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My Father

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His siblings

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My mother's mother

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Confirmation of Aboriginality Application form

The Board of Directors has determined that Confirmation of Aboriginality will be provided to those who are of Aboriginal descent, identify as an Aboriginal person and are accepted by the Awabakal Aboriginal community.

Declaration: I, the applicant, apply for Confirmation of Aboriginality, and do so declaring that I am of Aboriginal descent. In order to meet criteria (B) please complete the following.

1. Are a member of the Awabakal Ltd? Yes No
2. Are of Aboriginal descent? Yes No
3. Identify as an Aboriginal descendant? Yes No
4. Are recognized and accepted as an Aboriginal person in the Awabakal community? Yes No
5. A patient of Awabakal Medical Service? Yes No
6. An Awabakal Aged Care client? Yes No
7. An Awabakal NDIS client? Yes No
8. A family attending an Awabakal Early Learning and Education Preschool? Yes No

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Signature of applicant

____ / ____ / ____
Date

OFFICE USE ONLY

Date received stamp:

Date entered onto database: ____ / ____ /

_____ Date certificate sent: ____ / ____ /

Processed by:

Date declined letter sent: ____ / ____ / _____