



**Aboriginal
Sobriety
Group**

INDIGENOUS CORPORATION
ICN 8376

CONFIRMATION OF ABORIGINALITY OR TORRES STRAIT ISLANDER DESCENT

PROCEDURE

1. Aboriginal Sobriety Group Indigenous Corporation will receive applications to present at Directors of the Board meetings from members of the Community who request formal acknowledgement, acceptance and recognition of their Aboriginality.
2. All applications for confirmation must include the following:-
 - a. Family History (parents / grandparents)
 - b. Community in which the applicant is accepted and identified as an Aboriginal person
 - c. Name of the Director of the Board or Staff Member to whom the applicant is known and recognised as an Aboriginal person
3. To ensure accuracy and legal compliance the Directors of the Board will only confirm individuals that they know, can identify from the family information provided or are from the Adelaide Community. If you are not known to the Directors of the Board or are from a Community you will be encouraged to seek confirmation from an organisation in your area.
4. All supporting information supplied with an application will remain confidential and only be accessed by the Directors of the Board or Executive Management.
5. The decision reached by the Directors of the Board will be recorded in the Minutes of the Meeting and entered onto the 'Register of Confirmation of Aboriginality' which will be kept by Aboriginal Sobriety Group Indigenous Corporation.
6. Should the Directors of the Board not be satisfied with the supporting evidence provided with an application a written response will be sent to the applicant stating the reason for the decision.



Confirmation of Aboriginality or Torres Strait Islander Descent

Applicant Declaration

I _____
(Full Name)

of _____ (Street Address) _____ (Suburb)

Post Code: _____ Tel: _____ Date of Birth _____ / _____ / _____

Do solemnly and sincerely declare that I am of Aboriginal/Torres Strait Islander* descent.

I identify as an Aboriginal/Torres Strait Islander* and am accepted as such by:

(Name of Community to whom I am known and accepted)

(Name of Director of the Board / Staff member to whom I am known and accepted)

Mother's Family History

Name	Community	Aboriginal/TSI
Mother:		Yes/No
Grandmother:		Yes/No
Grandfather:		Yes/No

Father's Family History

Name	Community	Aboriginal/TSI
Father:		Yes/No
Grandmother:		Yes/No
Grandfather:		Yes/No

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

Signature of Applicant _____ **Date** _____ / _____ / _____

It is hereby confirmed that the above-named applicant has provided sufficient evidence to indicate that he/she is of Aboriginal/Torres Strait Islander descent and is accepted as such by the Community in which she/he lives.

Date of Meeting: _____ Signature: _____
Authorized Signatory

Name: _____

Signature: _____
Authorized Signatory

Name: _____

(Common Seal to be affixed)