

## CONFIRMATION OF ATSI DESCENT APPLICATION FORM

The ATSI CHS Mackay Ltd Board takes the responsibility of confirming ATSI Descent seriously and will only consider cases where the applicant and their family heritage is known to the Board and where they meet all eligibility requirements. Your request is 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 fulfill 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); and
  - Self-identification – the individual identifies as an Aboriginal or Torres Strait Islander; and
  - Community Recognition – the individual is accepted as such by the Aboriginal or Torres Strait Islander community in which they live

In cases of stolen generation or disconnection from family, the ATSI CHS Mackay Ltd Board will consider applications where you can provide clear supporting documentary evidence that your family heritage is Indigenous.

2. **Location eligibility** – relates to the coverage of ATSI CHS Mackay Ltd being for the Aboriginal and Torres Strait Islander Community of Mackay. To meet this criterion, you must be:
  - from Mackay and you still currently living in Mackay; or
  - from Mackay or have lived the majority of your life in Mackay, but you are currently living elsewhere; or
  - born and or raised in Mackay regardless of where your family is from; or
  - from a community outside of Mackay, but you have lived the majority of your lives in Mackay; or at least the past 5 years.

If your family heritage is from outside of Mackay 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.

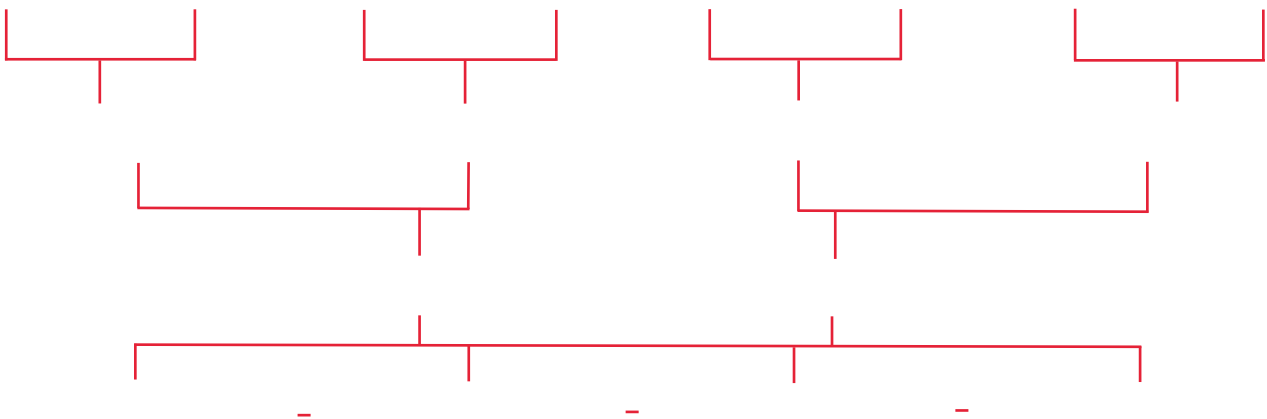
## Completing the Application Form

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 ATSI descent criteria. If you do not provide sufficient documentation, then your application will not be considered by the ATSI CHS Mackay Ltd Board and will be returned to you for completion.

The Confirmation of ATSI Descent remains entirely at the discretion of the ATSI CHS Mackay Ltd Board. Despite an application being complete, if the ATSI CHS Mackay Ltd Board does not have any knowledge of the applicant or their family heritage, they will not approve the Confirmation of ATSI Descent.

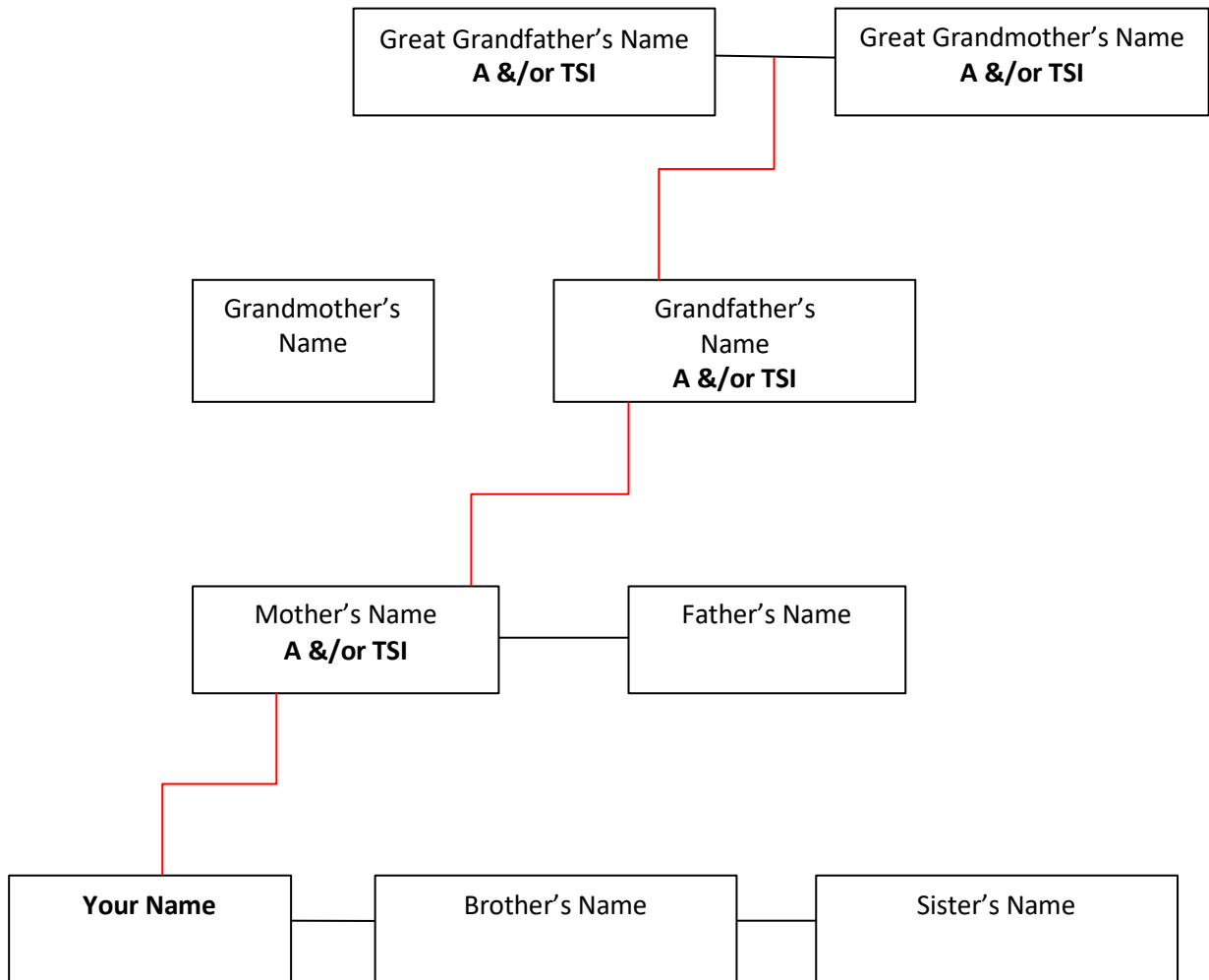
## Family Tree of Applicant

(Please draw your family tree ensuring you clearly mark which parent/s or grandparent/s are Indigenous – an example is provided on the following page)



Any other additional family information you wish to provide:

### Sample only – Family Tree



## Applicant Statutory Declaration

You must read, complete and sign this declaration:

*I declare that:*

- I live or have lived in the \*membership area of the Aboriginal and Torres Strait Islanders Community Health Service (Mackay) Limited (\*see [www.atsichs.org.au](http://www.atsichs.org.au) RESOURCES: Constitution).
- I am of Aboriginal and/or Torres Strait Islander descent and identify as an Aboriginal and/or Torres Strait Islander person and I am accepted as such by the community in which I live or have lived.
- The information given by me in this application is true and correct.

*I understand that:*

- Personal information on this form may be collected by the Aboriginal and Torres Strait Islanders Community Health Service (Mackay) Limited for monitoring and evaluation purposes.
- Personal information provided on this form can be disclosed without consent where authorised or required by law.
- Giving false or misleading information is a serious offence under the *Criminal Code*.

**Applicant's Details: (PLEASE PRINT CLEARLY)**

Your Full Name:

Your Current Residential Address:

Your Date of Birth:

Phone No:

I have lived in the Membership Area for  years; I live in the Membership Area;

Fathers full name:

Mothers full name  
**and** maiden name:

Signature of Applicant:

Date

## Confirmation of Aboriginal and/or Torres Strait Islander Descent

The section below is to be completed by the Aboriginal and Torres Strait Islanders Community Health Service (Mackay)

Limited BOARD OF MANAGEMENT with the **Applicant Statutory Declaration FULLY COMPLETED and ATTACHED.**

Name of Applicant: .....  
**(PLEASE PRINT CLEARLY)**

The above person is accepted and recognised as an Aboriginal and/or Torres Strait Islander person by the Board of Management of the Aboriginal and Torres Strait Islanders Community Health Service (Mackay) Limited.

\* Moved by: ..... Position: .....

Signature: .....

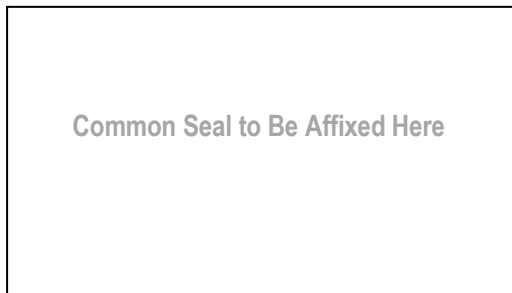
\*Seconded by:..... Position: .....

Signature: .....

Witnessed by: ..... Position: .....

Number of Board Meeting: .... / ..... / 20 ..... Date of Board Meeting: ... / ..... / 20 ...

\*These Signatories must **not** be immediate family members of the Applicant.



Aboriginal & Torres Strait Islanders Community Health Service Mackay Ltd  
● 31-33 Victoria St. Mackay QLD 4740 ● Phone: (07) 4957 9400  
● Admin Fax: (07) 4951 0683 ● Clinic Fax: (07) 4953 1626 ● ABN: 81 625 886 573  
[www.atsichs.org.au](http://www.atsichs.org.au)