APPENDIX 3: APPLICATION FORM – CONFIRMATION OF ABORIGINALITY

Barriekneal Housing & Community Ltd

The *Proof of Aboriginality Form* on page 4 is a statutory declaration that forms part of a request for Proof of Aboriginality from the Barriekneal Housing & Community Ltd Board of Directors in accordance with the Barriekneal Housing & Community Ltd Board Policy, *Confirmation of Aboriginality 2018*.

The Barriekneal Housing & Community Ltd Board of Directors assesses requests using the following criteria (applicant must meet all three criteria to be considered eligible):

- 1. That the applicant is of Aboriginal descent;
- 2. That the applicant self-identifies as an Aboriginal person; and
- 3. That the applicant is accepted as such by the Lightning Ridge community.

Eligible applicants must be from Lightning Ridge NSW, by reference to one of the below locality requirements:

- 1. The applicant must be from Lightning Ridge NSW and still currently living in Lightning Ridge NSW; or
- 2. The applicant must be from Lightning Ridge NSW or have lived the majority of their life in Lightning Ridge NSW but is currently living elsewhere; or
- 3. The applicant's family must be from Lightning Ridge NSW but the applicant has not lived in Lightning Ridge NSW.

In cases of stolen generation or disconnection from family, the Barriekneal Housing & Community Ltd Board of Directors will consider applications that provide clear supporting documentary evidence (from <u>Link-up</u> or other such family history or reunification services) that confirms family heritage is Aboriginal with links to Lightning Ridge NSW.

TO MAKE A REQUEST PLEASE PROVIDE THE FOLLOWING:

- 1. The applicant's details page 2
- 2. An explanation as to how you, or the applicant if applying for a child, meet the Western NSW locality requirements on page 2

If you are applying on the basis that your family are from Lightning Ridge NSW but you have not lived in Lightning Ridge NSW (No. 3 of the Lightning Ridge NSW locality requirements), please provide a letter of support confirming your family links to Lightning Ridge NSW from a prominent Lightning Ridge NSW Aboriginal person (who is not a relative or a current Barriekneal Housing & Community Ltd Director), who is known to you or your family or provide Link Up documentation.

- 1. Complete the family tree on page 3
- 1. Provide a declaration on the Proof of Aboriginality Form on page 4
- 1. Provide a copy of photo identification or birth certificate

APPLICANT DETAILS

NAME OF APPLICANT	
DATE OF BIRTH	
PLACE OF BIRTH	
POSTAL ADDRESS	
TELEPHONE NUMBER	
EMAIL	
IF ACCEPTED, HOW WOULD YOU LIKE THE PROOF OF ABORIGINAL FORM RETURNED TO YOU?	

LOCATIONAL ELIGIBILITY

You must meet the Lightning Ridge NSW locality requirements by one of the following:

- 1. The applicant must be from Lightning Ridge NSW and still currently living in Lightning Ridge NSW; or
- 2. The applicant must be from Lightning Ridge NSW or have lived the majority of their life in Lightning Ridge NSW but is currently living elsewhere; or
- 3. The applicant's family must be from Lightning Ridge NSW but the applicant has not lived in Lightning Ridge NSW. If you are applying on this basis please also provide a letter of support confirming your family links to Lightning Ridge NSW from a prominent Aboriginal person from Lightning Ridge NSW (who is not a relative or a current Barriekneal Housing & Community Ltd Director). who is known to you or your family or provide Link Up documentation.)

Please explain which criteria that you meet above, including details about your history and connection to Lightning Ridge NSW

FAMILY TREE

Family tree for	(APPLICANT'S NAME)		
Mother's Parent		Father's Parent	
Mother		Father	
	Applicant		

	i i				
I agree that the information provided in this application is true and correct					
SIGNATURE (APPLICANT/GLIARDIAN)	DATE				

y . . .

Barriekneal Housing and Community Ltd

ACN 001 810 500 ABN 23 001 810 500

Lot 8 Opal Street P O Box 651 Lightning Ridge NSW 2834



Proof of Aboriginality Form

I, (Applicant's full na	me)				
(If you are known by any oth	ıer name, please provide detail:	s)		esant see .	
	ss)				
l am of Aboriginal : I self-identify as ar	Decent I Aboriginal person			160	
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This declaration is tru declaration knowing it	e and I know it is an of is false in a material p	fence to make particular	a statutoi	ry	20
	of a Justice of the Peace)				
	son making this decla				
Full name and positi Signature of authoris	on of authorised witn sed witness:	iess (J.P.):	E:		
Contact address or t	elephone number of a	authorised wif	iness:		
NOTE: This declaration must b	pe witnessed by a Justice of the eclaration must comply with Pa nowing it is false in a material p	Peace,			
OFFICE USE ONLY	ne above named applicant k				
Name of Director		Name of Direc	ctor		
Signature of Director Date of BOD meeting		Signature of E	Director		
		Resolution nu			

Affix Common Seal