



STUDENT ADMINISTRATION

## CONFIRMATION OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER IDENTITY

ADMISSIONS UNIT LOCKED BAG 1797, PENRITH NSW 2751

### **CONFIRMING YOUR IDENTITY**

As an Aboriginal and/or Torres Strait Islander person, Western Sydney University requires you to submit documentation both declaring and confirming your Aboriginal and/or Torres Strait Islander Identity.

To do this you must provide the following:

A certified copy of your Confirmation of Identity from a registered Community Organisation (e.g. Land Council) with a common seal confirming a person to be of Aboriginal and/or Torres Strait Islander descent.

If you are unable to provide the above, you will need to supply a Self-declaration along with one of the following:

1. Supporting documentation in the form of a Genealogy document (such as Linkup NSW)

#### OR

2. Letter of support using the Western Sydney University template or an official letterhead completed by a recognised Indigenous Australian community member or Indigenous organisation (such as Aboriginal Medical Service, High School Principal, Aboriginal Education Consulting Group, Family and Community Services, Aboriginal Housing or other Aboriginal or Torres Strait Islander incorporated corporation).

Please note that the letter of support cannot be supplied by a current staff member of Western Sydney University.

Supporting documents should be lodged to the Admissions Unit. You can lodge your documents by email to admissions@westernsydney.edu.au

For more information on certifying documents please visit westernsydney.edu.au/certifyingdocuments

## WITNESSING YOUR STATUTORY DECLARATION

Your statutory declaration and community statutory declaration must be witnessed. Approved witnesses include:

- Justices of the Peace (with a registration number)
- Magistrates
- Doctors
- Full time teachers
- Solicitors
- Pharmacists
- Police Officers

Note: You, a family member or a member of staff at Western Sydney University cannot witness or certify your declaration, even if you or they belong to one of the categories listed.

More information on statutory declarations is available through the Australian Attorney-General's Department www.ag.gov.au

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

Page 1 of 3 INDG4849





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Statutory Declarations Act 1959 (	CTH)
I, (full name)	
of (full address)	
3	e that I understand that the Commonwealth of Australia, for the purpose of administering es Strait Islander people, defines Aboriginal and/or Torres Strait identity as any person who
=	res Strait Islander descent and/or Torres Strait Islander, and Aboriginal and/or Torres Strait Islander Community in which they live.
In understanding the above defin	ition, I also solemnly declare that I am an Aboriginal and/or Torres Strait Islander person.
·	ntentionally makes a false statement in a statutory declaration is guilty of an offence under ations Act 1959 (Cth), and I believe that the statements in this declaration are true in every
Applicant's signature	Date Declared at
X SIGN HER	PE D D / M M / Y Y Y Y CITY/STATE
WITNESS STATEMENT (appro	oved witnesses are listed on page 1)
	s heen made hefore me
l acknowledge this declaration ha	s been made before me.
_	s been made before me.
Name:	s been made before me.
I acknowledge this declaration has Name:  Position/qualification:  Address:	
Name: Position/qualification:	
Name: Position/qualification:	
Name:  Position/qualification:  Address:	
Name: Position/qualification:	

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

Page 2 of 3 INDG4849

Please provide the Islander Identity.		ve certified copy of an existing Confirm	mation of Aboriginal and/or Torres Strait		
Statutory Declarations Act 1959 (CTH) Declaration of Aboriginal and/or Torres Strait Islander Identity.					
Declaration of A	boriginal and/or Torres Strait Isla	ander Identity			
I, (full name)					
of (full address)					
am an Indigeno	us Australian, and hold the posi	tion o <u>f</u>			
at (organisation)					
and I do do sole	mnly and sincerely declare that				
(full name of We	stern Sydney University applica	nt)			
• is of Aborigi	nal and/or Torres Strait Islander	descent			
• identifies as an Aboriginal and/or Torres Strait Islander, and					
• is accepted as such by the Aboriginal and/or Torres Strait Islander Community in which they live or have lived.					
(full name of We	stern Sydney University applica	nt)			
is known to me t					
	(e.g. name of school ar	nd role of declarant, local land council	or AECG and role of declarant)		
I understand tha	t a person who intentionally ma	kes a false statement in a statutory de	eclaration is guilty of an offence under		
section 11 of the particular.	Statutory Declarations Act 1959	(Cth), and I believe that the statemen	ts in this declaration are true in every		
Declarant's signa	atura	Date	Declared at		
A 4	SIGN HERE		CITY/STATE		
			CITI/SIAIL		
Phone number:	ORGANISATION PHO	NE NUMBER			
WITNESS STA	TEMENT (approved witnesses	are listed on page 1)			
I acknowledge th	nis declaration has been made b	efore me.			
Name:					
Position/qualifica					
Address:					
Phone:					
Witness signatur	е	Date			
X	SIGN HERE	D D / M M / Y Y Y Y			
-	nily member or a member of sta ng to one of the categories liste	ff at Western Sydney University canno d above	ot witness or certify your declaration,		

STEP 2 - STATUTORY DECLARATION 2 (COMMUNITY CONFIRMATION)