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 by a recognised community member or 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.

STUDENT ADMINISTRATION
CONFIRMATION OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER IDENTITY
ADMISSIONS UNIT
LOCKED BAG 1797, PENRITH NSW 2751

STEP 1 - STATUTORY DECLARATION (SELF-DECLARATION) - THIS FORM MUST BE COMPLETED
Statutory Declarations Act 1959 (CTH)
I, (full name)________________________
of (full address)________________________

Do solemnly and sincerely declare that I understand that the Commonwealth of Australia, for the purpose of administering programs for Aboriginal and Torres Strait Islander people, defines Aboriginal and/or Torres Strait identity as any person who:

- is of Aboriginal 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.

In understanding the above definition, I also solemnly declare that I am an Aboriginal and/or Torres Strait Islander person.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959 (Cth), and I believe that the statements in this declaration are true in every particular.

Applicant’s signature __________________________ Date __________________________ Declared at __________________________

WITNESS STATEMENT (approved witnesses are listed on page 1)
I acknowledge this declaration has been made before me.

Name: __________________________
Position/qualification: __________________________
Address: __________________________
Phone: __________________________

Witness signature __________________________ Date __________________________

*Note: you, a family member or a member of staff at Western Sydney University cannot witness or certify your declaration, even if they belong to one of the categories listed above.
Please provide this document if you DO NOT have certified copy of an existing Confirmation of Aboriginal and/or Torres Strait Islander Identity.

Statutory Declarations Act 1959 (CTH) Declaration of Aboriginal and/or Torres Strait Islander Identity.

Declaration of Aboriginal and/or Torres Strait Islander Identity

I, (full name) ____________________________________________________________

of (full address) ______________________________________________________

holding the position of _____________________________________________________

at (organisation) _________________________________________________________

do solemnly and sincerely declare that

(full name of Western Sydney University applicant)

• is of Aboriginal 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 Western Sydney University applicant)

is known to me through ___________________________________________________

(e.g. name of school and role of declarant, local land council or AECG and role of declarant)

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959 (Cth), and I believe that the statements in this declaration are true in every particular.

Declarant’s signature ________________________________ Date __________

Declared at ________________ CITY/STATE

Phone number: ORGANISATION PHONE NUMBER

WITNESS STATEMENT (approved witnesses are listed on page 1)

I acknowledge this declaration has been made before me.

Name: _____________________________________________________________

Position/qualification: _____________________________________________

Address: _________________________________________________________

Phone: ____________________________________________________________

Witness signature ________________________________ Date __________

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