Title: First Name: Middle Name/s: FAMILY NAME: Also known as: Maiden/community/traditional Date of Birth: / / Place of birth: Current Address: Occupation: I am of Aboriginal or Torres Strait Islander descent, or both, and I identify as an Aboriginal person or Torres Strait Islander, or both, and	
Also known as: Maiden/community/traditional Date of Birth: / / Place of birth: Current Address: Occupation: I am of Aboriginal or Torres Strait Islander descent, or both, and I identify as an Aboriginal person or Torres Strait Islander, or both, and	
Maiden/community/traditional Date of Birth: / / Place of birth: Current Address: Occupation: I am of Aboriginal or Torres Strait Islander descent, or both, and I identify as an Aboriginal person or Torres Strait Islander, or both, and	
Current Address: Occupation: I am of Aboriginal or Torres Strait Islander descent, or both, and I identify as an Aboriginal person or Torres Strait Islander, or both, and	
Occupation: I am of Aboriginal or Torres Strait Islander descent, or both, and I identify as an Aboriginal person or Torres Strait Islander, or both, and	
I am of Aboriginal or Torres Strait Islander descent, or both, and I identify as an Aboriginal person or Torres Strait Islander, or both, and	
I identify as an Aboriginal person or Torres Strait Islander, or both, and	
I am recognised and accepted as such by the:	(name of community)
Signature of applicant	
Name of Organisation:	
Telephone: Email:	
ABN:	
The above mentioned Community Organisation understands that the applicant is seeking employed Department of Mines, Industry Regulation and Safety in a position for which Aboriginal and/or Torres theritage is considered essential. The applicant has requested that the above mentioned Communications their Aboriginal and/or Torres Strait Islander heritage.	es Strait Islander
The Community Organisation verifies that the applicant: (Note: Tick relevant box/es that apply)	
is recognised and accepted by the abovementioned Community as an Aboriginal and/or Torriperson; and/or	es Strait Islander
Has provided evidence to verify their Aboriginal and/or Torres Strait Islander heritage.	
Date of meeting:/ Meeting resolution number:	
Affix Common Seal (Print name of authorised person) (Signature of authorised person)	