



Office of People and Success

CONFIRMATION OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER IDENTITY

Careers, Talent and Organisational Success 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.

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, (full name)			
of (full address)			
g g	at the Commonwealth of Australia, for the purpose of administering lle, defines Aboriginal and/or Torres Strait identity as any person who		
 is of Aboriginal and/or Torres Strait Islander desc identifies as an Aboriginal and/or Torres Strait Isla is accepted as such by the Aboriginal and/or Torre 	lander, and		
n understanding the above definition, I also solemnly de	leclare that I am an Aboriginal and/or Torres Strait Islander person.		
	alse statement in a statutory declaration is guilty of an offence under and I believe that the statements in this declaration are true in every		
Applicant's signature	Date Declared at		
X SIGN HERE	DD/MM//YYYY CITY/STATE		
acknowledge this declaration has been made before m	ne.		
Position/qualification:			
Address:			
Phone:			
Witness signature	Date		
X SIGN HERE	D D / M M / Y Y Y Y		

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.

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Please provide this document if you DO NOT hav Islander Identity.	re certified copy of an existing Confirm	nation of Aboriginal and/or Torres Strait
Statutory Declarations Act 1959 (CTH) Declaration	on of Aboriginal and/or Torres Strait Isl	ander Identity.
Declaration of Aboriginal and/or Torres Strait Isla	ander Identity	
I, (full name)		
am an Indigenous Australian, and hold the posit	ion of	
at (organisation)		
and I do do solemnly and sincerely declare that		
(full name of Western Sydney University applicar	nt)	
• is of Aboriginal and/or Torres Strait Islander	descent	
identifies as an Aboriginal and/or Torres Stra		
• is accepted as such by the Aboriginal and/or	Torres Strait Islander Community in w	vhich they live or have lived.
(full name of Western Sydney University applicar	nt)	
is known to me through	•	
	d role of declarant, local land council c	or AECG and role of declarant)
I understand that a person who intentionally mal section 11 of the Statutory Declarations Act 1959 particular.		
Declarant's signature	Date	Declared at
✗ SIGN HERE	D D / M M / Y Y Y	CITY/STATE
Phone number: ORGANISATION PHON	NE NUMBER	
WITNESS STATEMENT (approved witnesses a	are listed on page 1)	
I acknowledge this declaration has been made be	efore me.	
Name:		
Position/qualification:		
Address:		
Phone:		
Witness signature	Date	
X SIGN HERE	D D / M M / Y Y Y	
*Note: you, a family member or a member of star even if they belong to one of the categories listed		t witness or certify your declaration,

STEP 2 - STATUTORY DECLARATION 2 (COMMUNITY CONFIRMATION)