

 Commonwealth of Australia

*Statutory Declarations Act 1959*

**Confirmation of Aboriginal and/or Torres Strait Islander Descent Statutory Declaration**

Please print in BLOCK LETTERS with a black or blue pen

This form may be used to provide evidence of your Australian Aboriginal and/or Torres Strait Islander descent if you are not able to obtain other forms of evidence as set out in [QUT’s Confirmation of Aboriginal and/or Torres Strait Islander Descent Policy.](https://www.mopp.qut.edu.au/E/E_03_04.jsp) Once you have completed the Declaration, you must sign it in front of an authorised person to witness a Commonwealth Statutory Declaration under the Statutory Declarations Act 1959, for example a Doctor or Justice of the Peace (see [list](https://www.ag.gov.au/legal-system/statutory-declarations/who-can-witness-your-statutory-declaration)).

**I, the undersigned** (provide full details)

|  |  |  |
| --- | --- | --- |
| Title |  |  |
|  |  |
| Last name or Family name |  |
|  |  |
| First name or Given name |  |
|  |  |
| Other names(maiden/community/traditional name) |  |
|  |
|  |
|  |  |
| Unit/House number |  |
|  |  |
| Street name |  |
|  |  |  |  |
| Town/Suburb |  | Postcode |  |
|  |  |  |
| Phone |  | Mobile |  |
|  |  |
| Email |  |
|  |  |

|  |
| --- |
| **Do hereby solemnly and sincerely declare that:** (please complete) |
| * I am of Australian Aboriginal and/or Torres Strait Islander descent; AND
* I identify as Australian Aboriginal and/or Torres Strait Islander; AND
* I am accepted as such by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community, which is:

 🞎 my traditional Country; and/or  🞎 where I formerly/currently lived for \_\_\_\_\_\_\_\_\_ years.*Note: By ticking the above boxes and submitting this form, you declare that you meet the criteria required by the Queensland University of Technology (QUT) to confirm your Australian Aboriginal and/or Torres Strait Islander descent, as a condition of assess or eligibility to targeted services, programs and opportunities.*Include an explanation as to why confirmation from an incorporated Aboriginal and/or Torres Strait Islander community organisation cannot be provided.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Attach supporting documentation, including:

* a letter from an Aboriginal and/ or Torres Strait Islander Community Education Counsellor or Aboriginal and Torres Strait Islander Education Worker from the school they attended, with contact details provided; OR

 

* evidence of previous acceptance of the student’s Aboriginal and/ or Torres Strait Islander descent from an Aboriginal and Torres Strait Islander support centre at another university or TAFE institution, on the organisation’s letterhead; OR
* a letter or other evidence from a Native Title Prescribed Bodies Corporate or Aboriginal Land Trust, registered with the National Native Title Tribunal confirming they are a Land Trustee or native title holder;
* a letter signed by an elected Councillor from a community within the Torres Strait Island Regional Council Local Government Area, on the organisation’s letterhead;
* a letter signed by an executive leader (e.g. CEO) or board member of an incorporated Aboriginal and/or Torres Strait Islander community organisation, on the organisation’s letterhead; OR
* a letter from an executive leader (e.g. CEO) or board member at Link Up QLD or another Indigenous Australian family reunification service, on the organisation’s letterhead.

**I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years, under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.**

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

**Declaration**

 **Declared at:**

|  |  |
| --- | --- |
| Place/Address |  |
|  |  |
| Declarant’s name (please print) |  |
|  |  |
| Signature | X |
|  |  |
| Date | DD / MM / YYYY |

**Declaration**

 **Taken and declared before me:**

|  |  |
| --- | --- |
| Witness name (please print) |  |
|  |  |
| Place/Address |  |
|  |  |
| Qualification |  |
|  |  |
| Signature | X |
|  |  |
| Date | DD / MM / YYYY |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Office Use Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Number (if known) |  |  | Processing Officer |  | Receipt Date |
|  |  |  |  |  |  |
| Approved by: |  |  |  |  |
| Name & Position |  | Signature |
| CMS number: |  |
|  |
|  |

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