

**QUEENSLAND POLICE
SERVICE**

CONFIRMATION OF ABORIGINALITY

PART A (To be completed by Applicant)

Given Name(s) _____ Surname _____

Residential Address _____

_____ P/code _____

PART B (To be completed by an Aboriginal and/or Torres Strait Islander organisation)

It is hereby confirmed that the above named applicant is of:

Aboriginal and/or Torres Strait Islander* descent
Identifies as an Aboriginal and/or Torres Strait Islander*
Is accepted as such by the community in which he / she* lives.

* Delete whichever is not applicable

Meeting date: _____ Resolution No: _____

Nominator: _____ Signature: _____
(Please print name)

Seconded by: _____ Signature: _____
(Please print name)

Chairperson: _____ Signature: _____
(Please print name)

Secretary: _____ Signature: _____
(Please print name)

Name of Organisation: _____

Address: _____

Contact Phone No.: _____

Signature of Applicant: _____ (Organisation's Common Seal to be stamped above)

Declared at _____ this _____
day of _____ Two thousand and _____