

Arrow Energy James Cook University  
Aboriginal or Torres Strait Islander Descent Form

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About this reference

This referee can only be filled out by an 'authorised referee'.

Authorised referees include:

- x Chairperson, Secretary or CEO on an incorporated Indigenous organisation (including lands councils, community councils, housing organisations etc)
- x School principal
- x Minister of religion
- x Treating health professional
- x Manager of Aboriginal medical service
- x Centrelink staff, Centrelink agent or other Government employee of 5 or more years.

x I am the authorised referee (as listed in column 1), and I have known the applicant:  
professionally

personally

for \_\_\_\_\_ years

x I can confirm the applicant information from:

Personal knowledge

Church records

1. Claimant Personal Details

Family name

First name

Second name

Other names used or been known by (e.g. name at birth, nickname, aboriginal or tribal name, alias).

Date of birth

Place of birth

Address

Applicants signature

Date

2. Statement by authorised referee

I confirm that:

x The applicants has signed this in my presence, or

the applicant is currently \_\_\_\_\_ km/hours away and I have identified them as the person named at question 1 by my personal knowledge of their circumstances.

