



TREATY. IT'S TIME.

First Peoples' Assembly of Victoria | First Peoples' Assembly of Victoria Election Rules, Sections 3 – 5

APPLICATION FORM FOR ENROLMENT

PLEASE PRINT CLEARLY

GENERAL ENROLMENT INFORMATION

SECTION A — PERSONAL AND CONTACT DETAILS

I, the person whose name appears on this form, am applying to join the First Peoples' Assembly of Victoria Electoral Roll.

FULL NAME

DATE OF BIRTH (DD / MM / YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

CURRENT RESIDENTIAL ADDRESS

If you live in Victoria but are unable to provide a current residential address because you are experiencing homelessness; living in temporary out-of-home care; or serving in the armed forces; please leave blank and complete **Annexure 1**.

If you do not live in Victoria, you may only enrol if you are a Victorian Traditional Owner. If you are a Victorian Traditional Owner living outside Victoria, please provide your current residential address and complete **Annexure 2**.

Unit / house number, street name, and suburb / town

State

Postcode

--	--	--

EMAIL ADDRESS (Leave blank if you do not have an email address)

DAYTIME CONTACT NUMBER

(Leave blank if you do not have a phone number)

and / or MOBILE

(Leave blank if you do not have a mobile number)

--	--

POSTAL ADDRESS (Only if this is different to your current residential address)

Unit / house number, street name, and suburb / town

Postcode

--	--

NAME OF CLAN / NATION / MOB (Optional)

GENDER (Optional)

If you wish to be enrolled as a **silent voter** and have access to your address details be restricted please fill out Annexure 3.

Your enrolment details will not be publicly available. They will be used by the First Peoples' Assembly of Victoria for the purpose of conducting the election, and other purposes set out in the Privacy Consent Statement in Section E. If you consider that having your address accessible for these purposes would place you or your family's personal safety at risk, please fill out **Annexure 3**.

SECTION B — IDENTIFICATION DOCUMENTS

Once you have completed Section B, please go to Section D.

If you cannot provide identification documents, please go to Section C.

EVIDENCE TO VERIFY NAME, DATE OF BIRTH AND ADDRESS — COPIES MUST BE ATTACHED (mark all applicable boxes)

Any one document from this list

- Driver Licence or Learner Permit
- Firearm Licence
- Keypass
- Marine Licence
- Proof of Age Card

OR

Any two or more documents from this list that together show your name, date of birth and address

- Bank Card
- Bank statement
- Birth Certificate
- Commonwealth Government Concession Card (including Health Care Card)
- Department of Veterans' Affairs Health Card
- Lease Agreement
- Marriage Certificate
- Medicare Card
- Student or Tertiary Institution Identification Card
- Superannuation Statement
- Utilities Statement
- Valid Passport
- Working with Children Check Card

SECTION C — IDENTIFICATION VERIFICATION

Only complete Section C if you are unable to provide the documents above in Section B.

If you are unable to provide evidence to verify your details, you are able to have your identity verified by a school, university, TAFE or medical clinic that you attend or have attended recently.

EMPLOYEE OF AUTHORISED ORGANISATION TO COMPLETE

I can confirm I have checked my organisation's records and can verify the details of the individual named in Section A of this form are correct.

SIGNATURE OF EMPLOYEE FROM AUTHORISED ORGANISATION

DATE

--	--

FULL NAME OF SIGNATORY

SIGNATORY'S POSITION (eg Principal, Bursar, Secretary, Receptionist)

--	--

NAME OF ORGANISATION

ORGANISATION TELEPHONE NUMBER

--	--

SECTION D — VOTING PREFERENCE

If you do NOT wish to vote in person, please indicate your preferred voting method:

<input type="checkbox"/> Postal ballot	<input type="checkbox"/> Email ballot	<input type="checkbox"/> Postal and email ballot
--	---------------------------------------	--

NEED HELP?

Assistance is available by telephone 1800 TREATY (1800 87 32 89)

Or by email enrolments@firstpeoplesvic.org

SECTION E — DECLARATION AND SIGNATURE

OPTION A

I am a Victorian Traditional Owner and I live in Victoria.

I declare that:

- I am an Aboriginal or Torres Strait Islander Person and
 - I identify as Aboriginal or Torres Strait Islander; and
 - I am a person of Aboriginal or Torres Strait Islander descent; and
 - I am accepted as such in the Aboriginal or Torres Strait Islander community;
- I am a Victorian Traditional Owner.

OPTION B

I am not a Victorian Traditional Owner but am an Aboriginal or Torres Strait Islander person and I live in Victoria.

I declare that:

- I am an Aboriginal or Torres Strait Islander Person and
 - I identify as Aboriginal or Torres Strait Islander; and
 - I am a person of Aboriginal or Torres Strait Islander descent; and
 - I am accepted as such in the Aboriginal or Torres Strait Islander community;
- I currently live in Victoria and I have lived in Victoria for 3 of the last 5 years. This can include multiple periods of time.

OPTION C (if you select this option you must complete Annexure 2)

I am a Victorian Traditional Owner and I live outside of Victoria.

I declare that:

- I am an Aboriginal or Torres Strait Islander Person and
 - I identify as Aboriginal or Torres Strait Islander; and
 - I am a person of Aboriginal or Torres Strait Islander descent; and
 - I am accepted as such in the Aboriginal or Torres Strait Islander community;
- I am a Victorian Traditional Owner; and
- I am currently living outside Victoria.

PRIVACY CONSENT STATEMENT

How we handle your information: First Peoples' Assembly of Victoria (*Assembly, we, us or our*) and its agents will collect, use, store and disclose your personal information (including your sensitive information) provided in this document for the purposes of enrolling you to vote and administering the Assembly's elections processes. This includes the administration of current and future elections, contacting you about the Assembly's activities eg sending newsletters, or otherwise in accordance with our Privacy Policy found at www.firstpeoplesvic.org/privacy-statement or as required by law.

Your ongoing access to your information: You may request access to any personal information that we have collected about you, including correction of your personal information if you can establish that it is not accurate, complete or up to date, using the contact details in our Privacy Policy. Our Privacy Policy explains how we collect, use, store and disclose your personal information and how you can access and seek correction of it or make a complaint.

Please tick these boxes to provide your consent to us handling your information

- You agree that we and our agents can collect, use, store and disclose your personal and sensitive information as set out in this document and the Assembly's Privacy Policy, both of which you have read and understood.
- You agree that we may allow candidates for elections to the Assembly to contact you during election periods with information about why they are running. Your personal details will **not** be shared with individual candidates.

By ticking the boxes above and signing below, I declare that the information provided by me on this form is true and correct, and I consent to the collection, use, storage and disclosure of my personal information as specified in this document.

You must sign here

DATE (DD / MM / YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

Please post completed application and copies of supporting evidence to:

First Peoples' Assembly of Victoria
P.O. Box 4218, Fitzroy VIC 3065

or email to: enrolments@firstpeoplesvic.org

NEED HELP?

Assistance is available by telephone 1800 TREATY (1800 87 32 89)

Or by email enrolments@firstpeoplesvic.org

ANNEXURE 1 — PERSONS EXPERIENCING HOMELESSNESS, IN TEMPORARY OUT-OF-HOME CARE, OR SERVING IN THE ARMED FORCES

Only complete Annexure 1 if you are either experiencing homelessness; in temporary out-of-home care; or serving in the armed forces. A residential address is required to process your enrolment.

SECTION 1A — VICTORIAN ADDRESS DETAILS

<input type="checkbox"/> I have previously had, or ordinarily have, a residential address in Victoria If you choose this option, please provide your most recent or usual Victorian residential address below.	OR <input type="checkbox"/> I have not previously had a residential address in Victoria If you select this option, please provide one of the further options below: <ul style="list-style-type: none"> <input type="checkbox"/> The most recent Victorian residential address of either of your parents; or, if this is not known, <input type="checkbox"/> The most recent Victorian residential address of any of your grandparents. 	OR <input type="checkbox"/> I am unable to provide a previous Victorian residential address for myself, my parents, or my grandparents. If you select this option, please provide one of the further options below: <ul style="list-style-type: none"> <input type="checkbox"/> If you are experiencing homelessness, the address of the service provider that most recently provided you with overnight accommodation; <input type="checkbox"/> If you are living in temporary out-of-home accommodation, the address of the service provider where you are currently in out-of-home care; or <input type="checkbox"/> If you are serving in the armed forces, the Victorian address of your most recently known apical ancestor to live in Victoria
---	---	---

Unit / house number, street name, and suburb / town

Postcode

--	--

NEED HELP?

Assistance is available by telephone 1800 TREATY (1800 87 32 89)

Or by email enrolments@firstpeoplesvic.org

ANNEXURE 2 — VICTORIAN TRADITIONAL OWNERS LIVING OUTSIDE OF VICTORIA

Only complete Annexure 2 if you are a Victorian Traditional Owner currently living outside of Victoria

SECTION 2A — EVIDENCE

THE FOLLOWING ORGANISATION MAY VERIFY THAT I AM A VICTORIAN TRADITIONAL OWNER:

- | | |
|--|--|
| <input type="checkbox"/> Barengi Gadjin Land Council | <input type="checkbox"/> Gunditj Mirring Traditional Owners Aboriginal Corporation |
| <input type="checkbox"/> Bunurong Land Council Aboriginal Corporation | <input type="checkbox"/> Taungurung Land and Waters Council Aboriginal Corporation |
| <input type="checkbox"/> Dja Dja Wurrung Clans Aboriginal Corporation | <input type="checkbox"/> Wadawurrung Traditional Owners Aboriginal Corporation |
| <input type="checkbox"/> Eastern Maar Aboriginal Corporation | <input type="checkbox"/> Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation |
| <input type="checkbox"/> First People of the Millewa-Mallee Aboriginal Corporation | <input type="checkbox"/> Yorta Yorta Nation Aboriginal Corporation |
| <input type="checkbox"/> Gunaikurnai Land and Waters Aboriginal Corporation | |

IF NONE OF THE ABOVE APPLY

- Verification may be made by the genealogical data held by the First Nations Legal and Research Service OR
- I cannot provide a verification from any of the above organisations (*If you have marked this box you will need to complete a statutory declaration and seek the signatures of 10 eligible voters. Please contact us for this form.*)

SECTION 2B — VICTORIAN ADDRESS DETAILS

<input type="checkbox"/> I have previously had a residential address in Victoria OR	<input type="checkbox"/> I have not previously had a residential address in Victoria
If you choose this option, please provide your most recent Victorian residential address below.	If you choose this option, please provide one of the options below:
	<input type="checkbox"/> The most recent Victorian residential address of either of your parents; or, if this is not known,
	<input type="checkbox"/> The most recent Victorian residential address of any of your grandparents; or, if this is not known,
	<input type="checkbox"/> The Victorian address of your most recent apical ancestor to live in Victoria.

Unit / house number, street name, and suburb / town

Postcode

--	--

NEED HELP?

Assistance is available by telephone 1800 TREATY (1800 87 32 89)
Or by email enrolments@firstpeoplesvic.org

ANNEXURE 3 — SILENT VOTER DECLARATION

Only complete Annexure 3 if you wish to enrol as a silent voter

Your enrolment details will not be publicly available. They will be used by the First Peoples' Assembly of Victoria and their agents for the purpose of enrolling you to vote, administering the Assembly election processes and other purposes consistent with the election rules and as set out in the Privacy Consent Statement. If you consider that having your address accessible for these purposes would place your or your family's personal safety at risk, you may make this declaration to request that access to your address details be restricted.

I declare that showing my address would place my personal safety or the safety of my family members at risk. I request to be enrolled as a silent voter and have access to my address details be restricted.

YOU MUST SIGN HERE

--

DATE

--	--	--	--	--	--	--	--

NEED HELP?

Assistance is available by telephone 1800 TREATY (1800 87 32 89)

Or by email enrolments@firstpeoplesvic.org