



# TREATY. IT'S TIME.

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

## APPLICATION FORM FOR ENROLMENT

### ABORIGINAL AND TORRES STRAIT ISLANDER PERSONS WHO ARE IN CUSTODY

PLEASE PRINT CLEARLY

For help completing this form, please contact your Aboriginal Wellbeing Officer or Aboriginal Liaison Officer

#### 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)

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CORRECTIONS REFERENCE NUMBER (CRN) *(Leave blank if you do not have a CRN)*

PRISON OR YOUTH JUSTICE CENTRE NAME

SUBURB

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

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

NAME OF CLAN / NATION / MOB *(Optional)*

GENDER *(Optional)*

##### SECTION B — 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
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## SECTION C — VICTORIAN ADDRESS DETAILS

<input type="checkbox"/> I have previously had a residential address in Victoria OR If you choose this option, please provide your most recent Victorian residential address below.	<input type="checkbox"/> I have not previously had a residential address in Victoria OR If you select this option, please provide <b>one</b> of the further options below: <ul style="list-style-type: none"> <li><input type="checkbox"/> The most recent Victorian residential address of either of your parents; or, if this is not known,</li> <li><input type="checkbox"/> The most recent Victorian residential address of any of your grandparents.</li> </ul>	<input type="checkbox"/> I am unable to provide a previous Victorian residential address for myself, my parents, or my grandparents. OR If you select this option, we will use the address of the Prison or Youth Justice Centre named in Section A and you do <b>not</b> need to provide another address.
Unit / house number, street name, and suburb / town		Postcode

If you wish to be enrolled as a silent voter and have access to your address details be restricted please fill out Annexure 1.

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 D. 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 1**.

## SECTION D — 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;
- I currently live in Victoria; and
- I am currently in custody.

### 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; and
- I am currently in custody.

### NEED HELP?

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

Or by email [enrolments@firstpeoplesvic.org](mailto:enrolments@firstpeoplesvic.org)

## 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](http://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 signing below, I declare that the information provided by me on this form is true and correct, and I consent to the collection of my information as specified.

**You must sign here**

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DATE (DD / MM / YYYY)

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## SECTION E — IDENTIFICATION VERIFICATION

**TO BE COMPLETED BY A PRISON OFFICER OR YOUTH JUSTICE WORKER**

I confirm that I have verified that the details in Section A of this form are correct

SIGNATURE OF EMPLOYEE

DATE

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FULL NAME OF SIGNATORY

SIGNATORY'S POSITION

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PRISON OR YOUTH JUSTICE CENTRE NAME

TELEPHONE NUMBER

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**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](mailto:enrolments@firstpeoplesvic.org)

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## ANNEXURE 1 — SILENT VOTER DECLARATION

Only complete Annexure 1 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

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DATE

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Or by email [enrolments@firstpeoplesvic.org](mailto:enrolments@firstpeoplesvic.org)

