

APPLICATION FOR ENROLMENT

Aboriginal and Torres Strait Islander
persons who are in custody



TREATY, IT'S TIME.

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)

GENDER — *Optional*

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

PRISON OR YOUTH JUSTICE CENTRE NAME

STATE

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*

MOBILE PHONE NUMBER

— *Leave blank if you do not have a mobile number*

POSTAL ADDRESS — *Only if this is different to your current residential address*

STATE

POST CODE

NAME OF CLAN / NATION / MOB — *Optional*

SECTION B VOTING PREFERENCE

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

Postal ballot

Email ballot

Postal and email ballot

SECTION C VICTORIAN ADDRESS DETAILS

SELECT ONE:

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.

I have not previously had a residential address in Victoria

If you select this option, please provide **one** of the further options below:

The current Victorian residential address of either of your parents; or if this is not known or does not apply

The most recent Victorian address of any of your grandparents.

I am unable to provide a previous Victorian residential address for myself, my parents, or my grandparents.

If you select this option, we will use the address of the Prison or Youth Justice Centre named in Section A and you **do not** need to provide another address.

UNIT / HOUSE NUMBER, STREET NAME, AND SUBURB / TOWN

STATE

POST CODE

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 E DECLARATION AND SIGNATURE

DECLARATION

Select One:

OPTION A

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

OPTION B

I am not a Victorian Traditional Owner but am an Aboriginal or Torres Strait Islander person and I live in 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/privacystatement 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)

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

FULL NAME OF SIGNATORY

SIGNATORY'S POSITION

PRISON OR YOUTH JUSTICE CENTRE NAME

TELEPHONE NUMBER



*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

ANNEXURE 1

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

SILENT VOTER DECLARATION

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.**

SIGN HERE

 / /

DATE (DD / MM / YYYY)