

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*

CURRENT RESIDENTIAL ADDRESS

STATE

POST CODE

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**.

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*

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

EVIDENCE TO VERIFY NAME, DATE OF BIRTH AND ADDRESS, **COPIES MUST BE ATTACHED** — Mark all applicable boxes

Provide **one** document from this list:

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

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

- Bank Card
- Medicare Card
- Bank statement
- Student or Tertiary Institution Identification Card
- Birth Certificate
- Commonwealth Government Concession Card (including Health Care Card)

- Superannuation Statement
- Utilities Statement
- Department of Veterans' Affairs Health Card
- Valid Passport
- Working with Children Check Card
- Lease Agreement
- Marriage Certificate

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

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

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.

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SIGNATURE OF EMPLOYEE FROM AUTHORISED ORGANISATION

DATE

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FULL NAME OF SIGNATORY

SIGNATORY'S POSITION

e.g. Principal, Bursar, Secretary, Receptionist

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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:

Postal ballot

Email ballot

Postal and email ballot

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.

OPTION C

I am a Victorian Traditional Owner and I live outside of Victoria. If you select this option you must complete Annexure 2.

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. If you have nominated an organisation/s under Annexure 2, we may contact the organisation/s to verify that you are a Victorian Traditional Owner. This may involve disclosing your name and other personal details that we hold.

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

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

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, please provide **one** of the further options below:

If you are experiencing homelessness, the address of the service provider that most recently provided you with overnight accommodation;

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

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

STATE

POST CODE

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

PLEASE ENTER ORGANISATION/S THAT CAN VERIFY THAT YOU ARE A VICTORIAN TRADITIONAL OWNER.

For example, a Traditional Owner group or Aboriginal Community Controlled Organisation

OR, IF YOU CANNOT PROVIDE AN ORGANISATION TO VERIFY THAT YOU ARE A VICTORIAN TRADITIONAL OWNER:

I will complete a statutory declaration and seek the signatures of 10 eligible voters. (We will be in contact to provide this form.)

SECTION 2B VICTORIAN ADDRESS DETAILS

SELECT ONE:

I have previously had a residential address in Victoria. If you choose this option, please provide your most recent Victorian residential address below.

I have not previously had a residential address in Victoria. If you choose this option, please provide one of the 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.

The Victorian address of your most recent apical ancestor to live in Victoria.

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

STATE

POST CODE

ANNEXURE 3

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

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DATE (DD / MM / YYYY)