



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 (and not within 60km of its border), please provide your current residential address and complete **Annexure 2**. You do not need to fill in Annexure 2 if you live within 60km of the Victorian border.

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 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 AND ADDRESS, **COPIES MUST BE ATTACHED** — Mark all applicable boxes

Provide: **one piece** of evidence that shows your name and address

OR **two pieces** of evidence that show your name and address separately:

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver Licence or Learner Permit | <input type="checkbox"/> Bank Card | <input type="checkbox"/> Superannuation Statement |
| <input type="checkbox"/> Firearm Licence | <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Utilities Statement |
| <input type="checkbox"/> Keypass | <input type="checkbox"/> Bank statement | <input type="checkbox"/> Department of Veterans' Affairs Health Card |
| <input type="checkbox"/> Marine Licence | <input type="checkbox"/> Student or Tertiary Institution Identification Card | <input type="checkbox"/> Valid Passport |
| <input type="checkbox"/> Proof of Age Card | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Working with Children Check Card |
| <input type="checkbox"/> COVID-19 Vaccination Certificate | <input type="checkbox"/> Commonwealth Government Concession Card (including Health Care Card) | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Statutory Declaration | | <input type="checkbox"/> 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.

<input type="text"/>	<input type="text"/>
SIGNATURE OF EMPLOYEE FROM AUTHORISED ORGANISATION	DATE
<input type="text"/>	<input type="text"/>
FULL NAME OF SIGNATORY	SIGNATORY'S POSITION <i>e.g. Principal, Bursar, Secretary, Receptionist</i>
<input type="text"/>	<input type="text"/>
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 a Victorian Traditional Owner and I live outside of Victoria. If you select this option and do not live within 60km of the Victorian border you must complete Annexure 2.

OPTION C

I am an Aboriginal or Torres Strait Islander person (but not a Victorian Traditional Owner) and I live in Victoria and I have lived in Victoria for at least three years out of the last five years.

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. 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

I agree that the Assembly and its agents can collect, use, store and disclose the personal and sensitive information provided in this form in the way set out in this form and in the Assembly's Privacy Policy, both of which I have read and understood

I agree that the Assembly may allow candidates for elections to the Assembly to contact me 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 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 or most recent Victorian residential address of either of your parents; or if this is not known or does not apply

The current or most recent Victorian residential address of either 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 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.
You don't need to fill out Annexure 2 if you are a Victorian Traditional Owner living within 60km of the Victorian border.

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.

Please complete a statutory declaration in accordance with Victorian requirements or get in contact with us for assistance.

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

The current or most recent Victorian residential address of either of any of your grandparents; or if this is not known or does not apply; or

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 is 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 restricted.**

SIGN HERE

 / /

DATE (DD / MM / YYYY)