

QUEENSLAND POLICE SERVICE

Recruiting Section
GPO Box 1440, Brisbane QLD 4001
TELEPHONE 1 300 BE A COP (23 2 267) FACSIMILE (07) 3015 5622



CONFIRMATION OF ABORIGINALITY

INTERNET <u>www.policerecruit.com.au</u> EMAIL recruiting@police.qld.gov.au

Part A – To be completed by Applicant				
Given Name(s):		Surname:		
Residential Addres	s:			
State:	Postcode:Sign	ature of Applicant:		
Declared at	(place) on	(date) of	(month) 20	(year)
Part B – To be completed by an Aboriginal and/or Torres Strait Islander organisation.				
It is hereby confirmed that the above named applicant: • Is of Aboriginal and/or Torres Strait Islander descent • Identifies as an Aboriginal and/or Torres Strait Islander • Is accepted as such by the community in which he/she lives				
Meeting date:		Resolution No:		
	(Please print name)			
Nominated by:	(Please print name)	Signature:		
Seconded by:		Signature:		
Chairperson:	, ,	Signature:		
	(Please print name)			
Secretary:		Signature:		
N (0 : .	(Please print name)			
Address:				
State:	Postcode:	Contact Phone No:		
Organisation's Co	ommon Seal to be affixed	I		

Please note: This document is to be used for Queensland Police Service recruitment purposes only.