



# Confirmation of Identity and Citizenship

## For Aboriginal and Torres Strait Islander peoples

### About confirmation of Australian citizenship

- Persons claiming assistance under the Australian Government's Fair Entitlements Guarantee (FEG) program, administered by the Attorney-General's Department, must establish that they were an Australian citizen or entitled to reside permanently in Australia at the time their employment ended. The department requires claimants to establish this statutory requirement by providing one or more of the **Mandatory Documents** listed in Attachment A of the **FEG claim form**.

### About this form

- This 'Confirmation of Identity and Citizenship' form can only be submitted to the department by an Aboriginal or Torres Strait Islander who wishes to lodge a FEG claim.
- This form is only to be used when none of the Mandatory Documents specified in the FEG claim form have been issued for the claimant.
- Parts 2 to 4 of this form can only be filled in by an '**authorised referee**' as that term is defined in this form.

## PART 1 — CLAIMANT'S PERSONAL DETAILS

**Name:**

Family name: \_\_\_\_\_

First given name: \_\_\_\_\_

Second given name: \_\_\_\_\_

Other names used or been known by:

(eg name at birth, nickname, maiden name, previous married name, Aboriginal or tribal name, alias.)

\_\_\_\_\_

**Place of birth:**

\_\_\_\_\_

**Date of birth (dd/mm/yyyy):**

\_\_\_\_\_

**Residential address:**

\_\_\_\_\_

\_\_\_\_\_

State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Please identify how you  
identify as an Aboriginal or  
Torres Strait Islander  
person:**

*(you may identify more than  
one of the options if they  
apply to you)*

- ☐ Through descent (parents, grandparents are Aboriginal or Torres Strait Islanders)
- ☐ Because I identify myself as an Aboriginal or Torres Strait Islander
- ☐ Because I am recognised by an Aboriginal or Torres Strait Islander community as an Aboriginal or Torres Strait Islander

**Declaration**

*On completion of this form,  
please print and sign and  
date*

**Giving false or misleading information is a criminal offence under divisions 136 and 137 of the Schedule to the *Criminal Code Act 1995*.**

Claimant's signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

## PART 2 — IMPORTANT INFORMATION

### Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles (APPs). Your personal information (including sensitive information) is collected by the Department of Employment and Workplace Relations for the purposes of administering the FEG program.

If you do not provide some or all of your personal information the department will be unable to assess the claim for FEG assistance.

Your personal information may be used by the department or be given to other parties for the purpose of administering the FEG program, including:

- determining eligibility for FEG assistance
- assessing and calculating outstanding entitlements including determining whether any deductions to that entitlement are required
- research, monitoring and evaluation
- pursuing recovery of FEG assistance advanced, and
- detecting and preventing scheme misuse or abuse.

Parties that your information may be given to include:

- relevant Commonwealth agencies including the Department of Human Services, the Australian Taxation Office, the Australian Securities and Investment Commission, the Australian Financial Security Authority, the Fair Work Ombudsman, the Administrative Appeals Tribunal and the Commonwealth Ombudsman
- enforcement bodies and/or agencies and prosecuting authorities, including the Australian Federal Police and the Commonwealth Director of Public Prosecutions, and
- other relevant third parties including the insolvency practitioner who is administering the former employer's affairs, an independent FEG contractor appointed by the department to verify entitlements or provide assistance with recovery activity, an alternative contact (if specified in this form), insolvency peak bodies, and external researchers.

The department's Privacy Policy contains more information about the way in which we will manage your personal information, including information about how you may access your personal information held by the department and seek correction of such information. The Privacy Policy also contains information on how you can complain about a breach of the APPs and how the department will deal with such a complaint. A copy of the department's Privacy Policy can be found at [www.dewr.gov.au/privacy](http://www.dewr.gov.au/privacy) or by requesting a copy from the department via email at [privacy@dewr.gov.au](mailto:privacy@dewr.gov.au).

### Privacy Declaration

By signing below, I confirm that I have read, understood and agree to the collection, use and disclosure of my personal information (including sensitive information) as outlined above and in the department's Privacy Policy.

Referee's signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

### PART 3 — STATEMENT BY AUTHORISED REFEREE

#### Authorised Referees Include:

Chairperson, Secretary or CEO of an incorporated Indigenous organisation (including land councils, community councils, housing organisations etc), Remote Jobs and Communities Program provider, School Principal, School Counsellor, Minister of Religion, Treating Health Professional or Manager in Aboriginal Medical Services, or Australian Government employee of at least 5 years.

#### I confirm that:

- I am an Authorised Referee (as listed above)
- the claimant, whose details are noted on page 1 ("the claimant"), has signed this form in my presence, or the claimant is currently \_\_\_\_\_ kms/ \_\_\_\_\_ hours away and I have identified them as the person named above by my personal knowledge of their circumstances
- the claimant is an Aboriginal or Torres Strait Islander
- to my knowledge all the names that the claimant has been known by are included at question 1
- I have known the claimant: ☐ professionally ☐ personally for \_\_\_\_\_ years, and
- I can confirm the claimant's information from:
  - ☐ Personal knowledge
  - ☐ Organisation records
  - ☐ Council records
  - ☐ School records
  - ☐ Church records
  - ☐ Medical records
  - ☐ Other (Give details below)

#### I also declare that to the best of my knowledge the claimant is an Australian citizen because:

- the claimant was born in Australia and a parent of the claimant was an Australian citizen, or a permanent resident, at the time the claimant was born, or
- the claimant was born in Australia and the claimant has been ordinarily resident in Australia throughout the period of 10 years beginning on the day the claimant was born, or
- the claimant is otherwise an Australian citizen under the *Australian Citizenship Act 2007* and I have specified immediately below why this belief is held.

## PART 4 — AUTHORISED REFEREE'S DETAILS

Full name:

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Title or official position:

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Name of organisation  
or department:

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Australian Business  
Number (ABN)  
(if applicable):

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Phone number:

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I understand that I may be contacted by the Department of Employment and Workplace Relations to discuss the basis for this statement.

**Please make sure you read 'Part 2 – Privacy and your personal information' before you complete this statement.**

### Declaration

*On completion of this form,  
please print and sign and  
date*

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Referee's signature: 

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Name (Printed): 

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Date (dd/mm/yyyy): 

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Seal/stamp: