

dambimangari

Aboriginal Corporation

POLICY: The purpose of the form is to be obtain general information about you and your FAMILY.

PLEASE NOTE: COMPLETE THE FORM AND RETURN TO THE OFFICE TO the Co-Existence DEED Administrator.
YOUR INFORMATION WILL BE KEPT IN-CONFIDENCE WITHIN DAC.

1. DAMBIMANGARI MEMBER					Partner Information			NTG:	
Title:	Mr	Elder	Dr	OAM	Title:	Miss / Mrs	Dr	OAM	Other
Name:									
Date Of Birth				Age:				Age:	
Address:	PO Box								
	Residential:								
Phone:									
Email:									

Status:		Employed		School		TAFE		Apprenticeship
		Centrelink		CDP		University		Other
Employer:						Other information		
Resume:								
Seeking Employment:								

2. Highest EDUCATION / ATTAINMENT completed:		Other	
High School		ADF:	
TAFE			
University			
Other			

3. QUALIFICATION & TICKETS				

In what areas do you think Dambimangari AC could help members with?				

4. DECLARATION - This information is true and correct, at this point in time.			
Signature of Member(s)		Partner's	
Date:		Date:	

5. Partner Information									
Status:		Employed		School		TAFE		Apprenticeship	
		Centrelink		CDP		University		Other	
Employer:						Other information			
6. EDUCATION completed:						Other			
	High School					ADF:			
	TAFE								
	University								
	Other								
7. QUALIFICATION & TICKETS									

DEPENDENT CHILDREN LIVING UNDER YOUR CARE:

8. OWN CHILDREN [0-14yrs]									
No.	Full Name:	Date of Birth	In School - Home		Away in Boarding		DAC Support	Other Scholarship & details	
1					School:				
					Year:				
2					School:				
					Year:				
3					School:				
					Year:				
4					School:				
					Year:				
5					School:				
					Year:				
6					School:				
					Year:				

9. OTHER CHILDREN [1-14yrs]									
No.	Full Name:	Date of Birth	In School - Home		Away in Boarding		DAC Support	Other Scholarship & details	
1					School:				
	Relation:				Year:				
2					School:				
	Relation:				Year:				
3					School:				
	Relation:				Year:				

10. OTHER CHILDREN [15-18yrs]

No.	Full Name:	Date of Birth	In School - Home	Away in Boarding	DAC Support	Other Scholarship & details
1				School:		
	Relation:			Year:		
2				School:		
	Relation:			Year:		
3				School:		
	Relation:			Year:		

11. OTHER Young Adults [19+yrs] or complete Page 4:

4						
	Relation:					
5						
	Relation:					

BUSINESS & OTHER OPPORTUNITIES:**12. Business Opportunities or Aspirations:**

On Country	In Town
Tourism	Cultural Consultancy
JV Opportunity	

What do you want to see in Dambimangari country?

I, give DAC authorization to use my personal information for the benefit of member services policy and programs design and statistical records.

This information can also be used to identify opportunities for myself and my family members for education, employment, training, community and business develop on Dambeemangarddee Country.

I agree to update this information at the AGM or when my family circumstances or details change.

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13. DECLARATION

Signature of Member(s)		Partner's	
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MEMBERSHIP DEMOGRAPHICS FORM

1. OTHER Young Adults [19+yrs]					Partner Information			NTG:	
Title:	Mr	Elder	Dr	OAM	Title:	Miss / Mrs	Dr	OAM	Other
Name:									
Address:	PO Box								
	Residential:								
Phone:									
Email:									

Status:	Employed	School	TAFE	Apprenticeship
	Centrelink	CDP	University	Other
Employer:			Other information	

2. EDUCATION / ATTAINMENT completed:		Other	
High School		ADF:	
TAFE			
University			
Other			

3. QUALIFICATION & TICKETS					

In what areas do you think Dambimangari AC could help members with?	
What are your aspirations?	

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4. DECLARATION - <i>This information is true and correct, at this point in time.</i>			
Signature of Member(s)		Partner's	
Date:		Date:	