

*This reference can only be used if the applicant has no other proof of identity*

## Proof of Identity Reference

*This reference can only be filled in by an Authorised Referee, Regional Council Chairperson or Regional Councillors, School Principals, Minister of Religion, Doctors, Police Officers, Centrelink Officers or well know officers of local welfare organisations (eg Northern Land Council, Shire Councils, Health Workers and anybody who is currently working).*

I have known the claimant professionally or personally for  years.

I can confirm his/her identification as:

NAME: \_\_\_\_\_

DATE OF BIRTH (if Known): \_\_\_\_\_

I can confirm this identification from:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Personal Knowledge | <input type="checkbox"/> Church Records  | <input type="checkbox"/> School Records        |
| <input type="checkbox"/> Medical Records    | <input type="checkbox"/> Council Records | <input type="checkbox"/> Register of Wards/APR |
| <input type="checkbox"/> Other              |  |  |

I have verified the identity of the client by:

- |   |   |
|---|---|
| <input type="checkbox"/> Phone Conversation (Voice Recognition) | <input type="checkbox"/> In Person                    |
| <input type="checkbox"/> Phone (transmitted by facsimile)       | <input type="checkbox"/> Photo (transmitted by email) |

Referees

Names: \_\_\_\_\_

Referees Title or Position: \_\_\_\_\_

Name of Organisation or Department: \_\_\_\_\_

Address: \_\_\_\_\_

Referee's Contact Phone Number: \_\_\_\_\_

Referee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### WARNING:

***Deliberately giving false or misleading information is a serious offence***



Please fax this reference form with a covering letterhead of your organisation or agency to the Larrakia Nation Return to Country  
Fax Number: 08 8927 4939 Tel: 08 89455211

