



Aboriginal Biodiversity Conservation



Aboriginal Women's Research Assistant & Evaluation (AWRAE) Training Project Registration Form

APPLICANT DETAILS:

Applicant Name

Date of Birth

Residential Address

Postal Address

Contact Number

Email Address

EMERGENCY CONTACT/NEXT OF KIN:

Person's Name

Relationship to Applicant

Residential Address

Contact Number

Email Address

BACKGROUND DETAILS:

Please tick what best describes your current status:

- Unemployed
 Employed Part-time
 Employed Full-time
 Studying

Please tick what best describes your current income status:

- No income
 Centrelink Income Support
 Wage/Salary
 Other

Please tick what best describes your current family status:

- Single, no dependants
 Single, dependants
 Couple, no dependants
 Couple, dependants

Please tick what best describes your age group:

- 18-25
 26-35
 36-45
 46-55
 56-65
 65+

Please tick what best describes your highest education level achieved:

- Year 12
 Certificate I-IV
 Diploma
 University Degree
 Other

PHOTO & MEDIA CONSENT: (Please tick to acknowledge you agree to each condition)

I understand and give permission for my photo or any related information to be taken and used by ABC Foundation Limited and other partner organisation for the following purposes:

- Internal publications include reports, brochures/flyers, newsletters, photo collage and other promotional materials.
- External publications include newspaper and/or magazine articles, case studies, research papers and reports.
- Digital media that is posted on a website or social media platforms; or used in DVD or power point presentations.

I understand and agree to ABC Foundation Limited or other partner organisations using my photo or related information:

- Without obtaining any further consent or requiring a fee.

PLEASE NOTE: ABC Foundation Limited will seek consent for a deceased person/s from their next of kin or family member prior to use.

DECLARATION:

I, _____ in signing this declaration I state the following:

- a) All information provided is true and correct.
- b) I identify and am accepted as being of Aboriginal and/or Torres Strait Islander decent.
- c) I am 18 years old or above.
- d) I understand and agree to the conditions of registration.
- e) I understand and agree to the conditions of Photo & Media Consent.
- f) I understand and agree to ABC Foundation and other partner organisations using my information for purposes related to the AWRAE Training Project, excluding my personal information.
- g) I understand that ABC Foundation and other partner organisations will ensure all personal information provided by me will be treated as confidential and not disclosed to a third party without my consent.

Applicant's Signature

Date

OFFICE USE ONLY

Date Received

- Yes
- No

Application complete

Name & Initial



Australian Government
Department of the Prime Minister and Cabinet



The ABC Foundation Ltd would like to acknowledge all funders, sponsors, and donors for assisting the AWRAE Training Pilot Project, pushing the boundaries of Indigenous Data Sovereignty for Aboriginal women in remote communities.