

Confirmation of Identity – Verification

For Aboriginal and Torres Strait Islander peoples

centrelink

When to use this form



Use this form to provide confirmation of your identity if you are an Aboriginal or Torres Strait Islander Australian who has insufficient identity documents available.

Online account



You can upload this form, with any supporting documents, online.

For more information about how to access an online account or how to lodge documents online, go to servicesaustralia.gov.au/centrelinkuploaddocs

For more information



Go to servicesaustralia.gov.au or visit one of our service centres.

Call us on **1800 136 380**.

For help completing this form online, go to servicesaustralia.gov.au/onlineguides



Information in your language

To speak to us in your language, call **131 202**.

Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to servicesaustralia.gov.au and search 'other support and advice'.

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- by fax to **1300 786 102**
- in person at one of our service centres, Centrelink agent or with a remote services officer.

Important note: If you are making a claim, you must return this form and **all** supporting documents at the same time you lodge your claim form. If you do not return all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

Information for claimant

People who are partnered must each provide separate identity documents when claiming:

- Parenting Payment Partnered
- Low Income Health Care Card
- Commonwealth Seniors Health Care Card, or
- Exceptional Circumstances Relief Payment.

Complete questions 1 to 7 before giving this form to an Authorised Referee. Where possible, sign this form at question 9 in the presence of an Authorised Referee.

Your Authorised Referee will complete questions 10 to 13 and return the form to you.

An Authorised Referee is a person who is either a:

- Chairperson, Secretary or CEO of an incorporated Indigenous organisation (including land councils, community councils or housing organisations)
- Remote Australia Employment Service provider
- School Principal
- School Counsellor
- Minister of Religion
- Treating Health Professional or Manager in Aboriginal Medical Services
- Services Australia staff, or
- other Government employee of at least 5 years.

Information for Authorised Referees

You must meet one of the categories listed above to be an Authorised Referee.

This form can only be used if the person named at question 2 or their partner is an Aboriginal or Torres Strait Islander Australian and is not able to provide standard identification documents.

The authority to request this information is contained in the *Social Security (Administration) Act 1999* or the *Student Assistance Act 1973* in accordance with policy guidelines issued by the Department of Education.

Confirmation of Identity – Verification

For Aboriginal and Torres Strait Islander peoples (RA010)

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to servicesaustralia.gov.au/formhelp

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Claimant details

1 Your Customer Reference Number (if known)

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2 Your name

Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

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4 Have you been known by any other name(s)?

Include:

- | | |
|---------------------------|-----------------|
| • name at birth | • alias |
| • name before marriage | • adoptive name |
| • previous married name | • foster name. |
| • Aboriginal or skin name | |

No ☐ ► Go to next question

Yes ☐ ► Give details below

Other name(s)

5 Place of birth

6 Address

Postcode

7 Who has received payment for you in the past (for example, parent, other relative, guardian)?

Privacy notice

8 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Claimant's declaration

9 Where possible, sign this form in the presence of an Authorised Referee. Refer to **Notes** on page 2.

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Your signature/mark



Date (DD MM YYYY)

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Authorised Referee details on the next page ►



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Authorised Referee

For information on who can be an Authorised Referee, refer to **Notes** on page 2.

10 Confirmation by Authorised Referee

I confirm that:

- the claimant has signed this in my presence, or
- the claimant is currently kms/hours away and I have identified them as the person named at question 2 by my personal knowledge of their circumstances.
- I am an Authorised Referee (as listed on page 2), and
- all the names I am aware of that the claimant has been known by are included at question 2 and question 4, and
- I have known the claimant:
professionally ☐ and/or personally ☐
for years
- I can confirm the claimant's information from:
Personal knowledge ☐ Church records ☐
Organisation records ☐ Medical records ☐
Council records ☐ Other ☐ Give details below
School records ☐

11 Authorised Referee's details

Full name

Title or official position

Name of organisation or department

Australian Business Number (ABN) (if applicable)

Phone number (including area code)

Privacy notice

12 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Authorised Referee's declaration

13 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Authorised Referee's signature

Date (DD MM YYYY)

Seal/stamp