

**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 services

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/submitdocumentsonline](https://servicesaustralia.gov.au/submitdocumentsonline)



### For more information

Go to [servicesaustralia.gov.au](https://servicesaustralia.gov.au) or visit one of our service centres.

Call us on **1800 136 380**.

If you have a hearing or speech impairment, you can contact the TTY service Freecall™ **1800 810 586**. A TTY phone is required to use this service.



### 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 to us **within 14 days** so we can process your application or claim. If you cannot do this **within 14 days**, you must contact us at the earliest possible date to make an arrangement.

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/submitdocumentsonline](https://servicesaustralia.gov.au/submitdocumentsonline)
- by fax to **1300 786 102**
- in person at one of our service centres, Centrelink agent or with a remote services officer if you are not able to use your Centrelink online account.

**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 8 before giving this form to an Authorised Referee. Where possible, sign this form at question 8 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)
- Community Development Programme 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 1 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, Skills and Employment.

# Confirmation of Identity – Verification

For Aboriginal and Torres Strait Islander peoples (RA010)

**centrelink**

**Filling in this form**

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

**Claimant details**

**1** Your Centrelink Reference Number (if known)  
[ ] - [ ] - [ ] - [ ]

**2** Your name  
Family name  
[ ]  
First given name  
[ ]  
Second given name  
[ ]

**3** Have you been known by any other name(s)?  
**Include:**  

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

No  Go to next question  
Yes  Give details below  
Other name(s)  
[ ]  
[ ]  
[ ]

**4** Date of birth  
[ ] / [ ] / [ ]

**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 need to 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/privacy](http://servicesaustralia.gov.au/privacy)

**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  
[ ] / [ ] / [ ]

Authorised Referee details on the next page ►



CLK0RA010 2005

## 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 1 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 3, 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)

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Phone number

## 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 [servicessaustralia.gov.au/privacy](https://servicessaustralia.gov.au/privacy)

## 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

Seal/stamp