



# NATSIPA

**National Aboriginal & Torres Strait  
Islander Postgraduate Association**

## ABORIGINAL AND OR TORRES STRAIT ISLANDER ELDER APPLICATION

Full Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby confirmed that I the above named applicant identify as an:

Aboriginal person  Torres Strait Islander person  Aboriginal and Torres Strait Islander person

I identify as an Elder in the \_\_\_\_\_ community

Tribe/Clan (if known): \_\_\_\_\_

Current Institution (if applicable): \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Postgraduate Award/Degree of Study (if applicable): \_\_\_\_\_

Graduate Institution (if applicable): \_\_\_\_\_

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

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Please email to: [gensec@natsipa.edu.au](mailto:gensec@natsipa.edu.au)