

# **FIRST PEOPLES' ASSEMBLY OF VICTORIA ELECTIONS**

## **PRIVACY NOTICES**

**A few things you should know before we get you enrolled.**

Treaty is here!

To be enrolled to vote in election processes for the First Peoples' Assembly of Victoria, you must provide certain personal information to the Transitional Electoral Officer. The Transitional Electoral Officer is appointed by the Treaty Authority and is responsible for managing the electoral roll of the First Peoples' Assembly of Victoria and conducting the election of persons who will become the general members of the First Peoples' Assembly of Victoria within Gellung Warl.

As you complete this enrolment form, you will be asked to provide your personal information (including sensitive information). This includes things like your name, address and mob. If you need help enrolling for any reason please reach out to [enrolments@treatyauthority.au](mailto:enrolments@treatyauthority.au) and we will be able to help.

Questions that you must answer are marked by a red asterisk (\*). You must provide the requested information in order to be enrolled to vote in election processes for the First Peoples' Assembly of Victoria. If you do not provide this information, you may not be able to be enrolled to vote.

Questions that are not marked by a red asterisk are optional. This information helps us understand more about you, and assists us in managing the election process. You can choose whether you answer these questions.

### ***Protecting your privacy***

The Transitional Electoral Officer is committed to protecting the privacy of personal information and complying with all applicable privacy laws.

**How the Transitional Electoral Officer handles your information:** The Transitional Electoral Officer (and their authorised representatives) collects, uses, holds and discloses your personal information in accordance with the [Transitional Electoral Officer Privacy Policy](#). You can request a copy of this policy when the First Peoples' Assembly of Victoria visits, or via post.

**First Peoples' Assembly access to your personal information:** In accordance with the *Statewide Treaty Act 2025 (Vic)* and the [Election Rules](#), the First Peoples' Assembly of Victoria may access the electoral roll (including your personal information that is stored on the electoral roll) for certain permitted purposes. You can request a copy of the rules when the First Peoples' Assembly of Victoria visits, or via post.

**Accessing your information:** You may request access to or the correction of any of your personal information.

To do so please contact the Transitional Electoral Officer via [enrolments@treatyauthority.au](mailto:enrolments@treatyauthority.au) or via <https://treatyauthority.au/transitional-electoral-officer-privacy-policy/>.

### **PLEASE TICK TO PROVIDE YOUR CONSENT TO US HANDLING YOUR INFORMATION\***

I agree that the Transitional Electoral Officer (and their authorised representatives) can collect, use, store and disclose the personal and sensitive information provided in this form in accordance with the [Transitional Electoral Officer Privacy Policy](#).

\*The Treaty Authority has established the independent Office of the Transitional Election to give effect to Part 18 of the Statewide Treaty Act 2025 (Vic). The Transitional Electoral Officer (TEO) is responsible for administering the next First Peoples' Assembly of Victoria election, and results are due to be returned by the 1st of May. The TEO has drafted a series of paper forms for people to enrol via the post, you can find them via [firstpeoplesvic.org/enrol-by-post](http://firstpeoplesvic.org/enrol-by-post). If you have any questions or need support to enrol you can email [enrolments@treatyauthority.au](mailto:enrolments@treatyauthority.au).

Questions with a red asterisk (\*) are required information to be enrolled.

## SECTION A PERSONAL AND CONTACT DETAILS

I, the person whose name appears on this form, am applying to join the First Peoples' Assembly of Victoria Electoral Roll.

FULL NAME\*

 /  / 

GENDER — *Optional*

DATE OF BIRTH (DD / MM / YYYY)\*

 /  / 

CURRENT RESIDENTIAL ADDRESS\*

STATE\*

POST CODE\*

## SECTION A IDENTIFICATION VERIFICATION

If you live in Victoria but are unable to provide a current residential address because you are experiencing homelessness; living in temporary out-of-home care; or serving in the armed forces; please leave blank and complete **Annexure 1**.

If you do not live in Victoria, you may only enrol if you are a Victorian Traditional Owner. If you are a Victorian Traditional Owner living outside Victoria (and not within 60km of its border), please provide your current residential address and complete **Annexure 2**. You do not need to fill in Annexure 2 if you live within 60km of the Victorian border.

EMAIL ADDRESS — *Leave blank if you do not have an email address*

 / 

DAYTIME CONTACT NUMBER

—*Leave blank if you do not have a phone number*

MOBILE PHONE NUMBER

—*Leave blank if you do not have a mobile number*

 /  / 

POSTAL ADDRESS — *Only if this is different to your current residential address*

STATE

POST CODE

NAME OF CLAN / NATION / MOB — *Optional*

If you wish to be enrolled as a silent voter and have access to your address details restricted, please fill out **Annexure 3**.

Your enrolment details will not be publicly available. They will be used by the First Peoples' Assembly of Victoria for the purpose of communicating about the election, and other purposes set out in the Privacy Consent Statement in Section F. If you consider that having your address accessible for these purposes would place you or your family's personal safety at risk, please fill out **Annexure 3**.

## SECTION B IDENTIFICATION DOCUMENTS

EVIDENCE TO VERIFY NAME AND ADDRESS, COPIES MUST BE ATTACHED — *Mark all applicable boxes*

Provide: **one piece** of evidence that shows your name and address OR **two pieces** of evidence that show your name and address separately:

<input type="checkbox"/> Driver Licence or Learner Permit	<input type="checkbox"/> Bank Card	<input type="checkbox"/> Superannuation Statement
<input type="checkbox"/> Firearm Licence	<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Utilities Statement
<input type="checkbox"/> Keypass	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Department of Veterans' Affairs Health Card
<input type="checkbox"/> Marine Licence	<input type="checkbox"/> Student or Tertiary Institution Identification Card	<input type="checkbox"/> Valid Passport
<input type="checkbox"/> Proof of Age Card	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Working with Children Check Card
<input type="checkbox"/> COVID-19 Vaccination Certificate	<input type="checkbox"/> Commonwealth Government Concession Card (including Health Care Card)	<input type="checkbox"/> Lease Agreement
<input type="checkbox"/> Statutory Declaration		<input type="checkbox"/> Marriage Certificate

Once you have completed Section B, please go to **Section D**. If you cannot provide identification documents, please go to **Section C**

## SECTION C IDENTIFICATION VERIFICATION

Only complete Section C if you are unable to provide the documents above in Section B.

If you are unable to provide evidence to verify your details, you are able to have your identity verified by a school, university, TAFE or medical clinic that you attend or have attended recently.

### EMPLOYEE OF AUTHORISED ORGANISATION TO COMPLETE

I can confirm I have checked my organisation's records and can verify the details of the individual named in Section A of this form are correct.

SIGNATURE OF EMPLOYEE FROM AUTHORISED ORGANISATION\*

DATE\*

FULL NAME OF SIGNATORY\*

SIGNATORY'S POSITION\*

e.g. Principal, Bursar, Secretary, Receptionist

NAME OF ORGANISATION\*

ORGANISATION TELEPHONE NUMBER\*

## SECTION D VOTING PREFERENCE

Please indicate your preferred voting method:

Postal ballot

Online ballot

In-person ballot

## SECTION E DECLARATION OF ELIGIBILITY

Please mark the option that best describes you.

Select One\*:

### OPTION A

I am a Victorian Traditional Owner and I live in Victoria.

### OPTION B

I am a Victorian Traditional Owner and I live outside of Victoria. If you select this option and do not live within 60km of the Victorian border you must complete Annexure 2.

### OPTION C

I am an Aboriginal or Torres Strait Islander person (but not a Victorian Traditional Owner) and I live in Victoria and I have lived in Victoria for at least three years out of the last five years.



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NEED ASSISTANCE?  
enrolments@treatyauthority.au

## SECTION F PRIVACY NOTICES

### CONSENT TO SHARE INFORMATION WITH THE FIRST PEOPLES' ASSEMBLY OF VICTORIA

As described in the **Transitional Electoral Officer Privacy Policy**, the First Peoples' Assembly of Victoria is able to access the electoral roll for certain purposes. This is allowed by the *Statewide Treaty Act 2025 (Vic)* and the Election Rules.

### WHAT INFORMATION DOES THE FIRST PEOPLES' ASSEMBLY OF VICTORIA HAVE ACCESS TO THROUGH THE ELECTORAL ROLL?

The information that the First Peoples' Assembly of Victoria can access through the electoral roll is set out in the table below. The First Peoples' Assembly of Victoria may use this information to contact you with information about the Assembly or Assembly elections.

The Transitional Electoral Officer, as the independent officer responsible for the electoral roll, will oversee how the electoral roll is used in this way.

### WHAT ADDITIONAL INFORMATION WILL WE PROVIDE THE FIRST PEOPLES' ASSEMBLY OF VICTORIA WITH YOUR CONSENT?

The First Peoples' Assembly of Victoria is independent of the Transitional Electoral Officer and the Treaty Authority. **If you consent**, the Transitional Electoral Officer will provide the First Peoples' Assembly of Victoria with the additional information described in the table below that you have included in this form. The First Peoples' Assembly of Victoria will use this additional information to help it have a better understanding of the community it serves.

### WHAT ARE THE DIFFERENT CATEGORIES OF PERSONAL INFORMATION INVOLVED?

Information the First Peoples' Assembly of Victoria can access through the electoral roll	Information we will provide the First Peoples' Assembly of Victoria with your consent	Information we will never provide the First Peoples' Assembly of Victoria
<ul style="list-style-type: none"><li>• Your name</li><li>• Your address</li><li>• Your contact details</li><li>• Your enrolment status</li></ul>	<ul style="list-style-type: none"><li>• Your mob</li><li>• Your date of birth</li><li>• Your gender</li><li>• Your preferred voting method</li></ul>	<ul style="list-style-type: none"><li>• Your verification documents</li></ul>

### NEXT STEPS

If you give this consent, personal information provided to the First Peoples' Assembly of Victoria will be separately held, used, stored and disclosed by the First Peoples' Assembly of Victoria in accordance with the First Peoples' Assembly of Victoria's privacy policy, available at <https://firstpeoplesvic.org/privacy-statement/>.

**Yes, I consent** to the Transitional Electoral Officer providing the additional information (as described in the above table) to the First Peoples' Assembly of Victoria.

**No, I do not consent** to the Transitional Electoral Officer providing the additional information (as described in the above table) to the First Peoples' Assembly of Victoria. *Note: by signing up to the electoral roll, the First Peoples' Assembly of Victoria will still be able to access your name, address, enrolment status and contact details through the electoral roll and may contact you with information about the Assembly or Assembly elections.*



## SECTION G SIGNATURE

I declare that the information provided by me on this form is true and correct, and I consent to the collection, use, storage and disclosure of my personal information as specified in this document.

FULL NAME\*

YOU MUST SIGN HERE\*

 /  / 

DATE (DD / MM / YYYY)\*



*Please post completed application  
and copies of supporting evidence to:*

**Transitional Electoral Officer, Treaty Authority**

Level 1, 51 Langridge Street,  
Collingwood,  
Victoria 3066

**[enrolments@treatyauthority.au](mailto:enrolments@treatyauthority.au)**



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AUTHORITY**

**NEED ASSISTANCE?**  
[enrolments@treatyauthority.au](mailto:enrolments@treatyauthority.au)

## ANNEXURE 1

### Persons experiencing homelessness, in temporary out-of-home care, or serving in the armed forces

*Only complete Annexure 1 if you are either experiencing homelessness; in out-of-home care; or serving in the armed forces. A residential address is required to process your enrolment.*

#### SECTION 1A VICTORIAN ADDRESS DETAILS

##### SELECT ONE:

I have previously had, or ordinarily have, a residential address in Victoria

If you choose this option, **please provide your most recent or usual Victorian residential address below.**

I have not previously had a residential address in Victoria

If you select this option, please provide **one** of the further options below:

- The current or most recent Victorian residential address of either of your parents; or if this is not known or does not apply
- The current or most recent Victorian residential address of either of any of your grandparents.

I am unable to provide a previous Victorian residential address for myself, my parents, or my grandparents.

If you select this option, please provide **one** of the further options below:

- If you are experiencing homelessness, the address of the service provider that most recently provided you with overnight accommodation;
- If you are living in out-of-home accommodation, the address of the service provider where you are currently in out-of-home care; or
- If you are serving in the armed forces, the Victorian address of your most recently known apical ancestor to live in Victoria.

UNIT / HOUSE NUMBER, STREET NAME, AND SUBURB / TOWN

STATE

POST CODE

## ANNEXURE 2

### Victorian Traditional Owners living outside of Victoria



Only complete Annexure 2 if you are a Victorian Traditional Owner currently living outside of Victoria.  
You don't need to fill out Annexure 2 if you are a Victorian Traditional Owner living within 60km of the Victorian border.

#### SECTION 2A EVIDENCE

PLEASE ENTER ORGANISATION/S THAT CAN VERIFY THAT YOU ARE A VICTORIAN TRADITIONAL OWNER.

For example, a *Traditional Owner group or Aboriginal Community Controlled Organisation*

OR, IF YOU CANNOT PROVIDE AN ORGANISATION TO VERIFY THAT YOU ARE A VICTORIAN TRADITIONAL OWNER:



I will complete a statutory declaration.

*Please complete a statutory declaration in accordance with Victorian requirements or get in contact with us for assistance.*

#### SECTION 2B VICTORIAN ADDRESS DETAILS

SELECT ONE:



I have previously had a residential address in Victoria. If you choose this option, please provide your most recent Victorian residential address below.



I have not previously had a residential address in Victoria. If you choose this option, please provide one of the options below;



The current or most recent Victorian residential address of either of your parents; or if this is not known or does not apply;



The current or most recent Victorian residential address of either of any of your grandparents; or if this is not known or does not apply; or



The Victorian address of your most recent apical ancestor to live in Victoria.

UNIT / HOUSE NUMBER, STREET NAME, AND SUBURB / TOWN

STATE

POST CODE



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## ANNEXURE 3

Only complete Annexure 3 if you wish to enrol as a silent voter.

### SILENT VOTER DECLARATION

Your enrolment details will not be publicly available. They will be used by the Transitional Electoral Officer and their agents for the purpose of enrolling you to vote, administering the Assembly election processes and other purposes consistent with the election rules and as set out in the Privacy Notices. If you consider that having your address accessible for these purposes would place your or your family's personal safety at risk, you may make this declaration to request that access to your address details is restricted.

I declare that showing my address would place my personal safety or the safety of my family members at risk.

I request to be enrolled as a silent voter and have access to my address details restricted.

SIGN HERE

 /  / 

DATE (DD / MM / YYYY)



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[enrolments@treatyauthority.au](mailto:enrolments@treatyauthority.au)