Evidence of origin via self identification

Aboriginal and Torres Strait Islander Pharmacy Workforce Programme

Student Name ...................................................................................................................................................................................................................................

Student Date of Birth ................................................................................................................................................................................................................................

Pharmacy Name .........................................................................................................................................................................................................................

The currently accepted process for a person to identify himself or herself as being an Aboriginal and/or Torres Strait Islander is via self-identification. This can be done by completing the following statement:

*Are you of Aboriginal or Torres Strait Islander origin?* (please tick whichever statement applies to you)

- Yes – Aboriginal
- Yes – Torres Strait Islander
- Yes – Aboriginal and Torres Strait Islander
- No

Student Signature: ........................................................................................................................................................................................................................................

Please return this document via email: ruralpharmacy@guild.org.au or fax: (02) 6277 1046.
Alternatively please post to: Rural Workforce Team
Community Pharmacy Agreement Programmes Division
The Pharmacy Guild of Australia
PO Box 7036
Canberra Business Centre ACT 2610

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