



## **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](mailto: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