

# Proof of identification form

You can complete this form with your Authorised Referee to provide confirmation of your identify if you cannot provide two secondary sources of identification as specified in the Department of Territory Families, Housing and Communities Identification and Documentation Policy.

An Authorised Referee can be:

- The Chairperson, Secretary or CEO of an incorporated Aboriginal organisation (such as land councils, regional councils, housing organisations, resource centres);
- Community Development Program provider;
- Police Officer;
- School Principal;
- School Counsellor;
- Minister of Religion;
- Treating health professional or manager in Aboriginal Medical Services; or
- A Northern Territory, Australian Government or other state or territory public servant with at least five years' service.

An Authorised Referee must have known you for a minimum of two years and be able to verify your identity.

If you cannot provide an Authorised Referee who meets the above criteria please contact your local Housing office to discuss alternatives.

Part 1 - Applicant's personal details			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
First name(s)			
Last name		Date of birth	/ /
Please provide details of any other names, if applicable			
Address			
		Postcode	
Declaration by Applicant			
I _____ Full name(s) declare that:			
<ul style="list-style-type: none"> <li>• The information on this form is complete and correct; and</li> <li>• I understand that giving false or misleading information is a serious offence.</li> </ul>			
Applicant signature		Date	/ /

Part 2 - Authorised Referee's details			
Official title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:		
First name(s)			
Last name		Date of birth	/ /
Name of organisation or Department			
Address			
		Postcode	
Declaration by Authorised Referee			
I _____ declare that:			
<ul style="list-style-type: none"> <li>• The applicant has signed this in my presence;</li> <li>• I have identified the applicant as the person named at Part 1 by my personal knowledge of their circumstances;</li> <li>• I am an Authorised Referee (as listed on page 1);</li> <li>• All the names I am aware of that the applicant has been known are included at Part 1; and</li> <li>• I have known the applicant <input type="checkbox"/> Professionally <input type="checkbox"/> Personally for _____ years and _____ months.</li> <li>• The information I have provided in this form is complete and correct;</li> <li>• I understand that giving false or misleading information is a serious offence; and</li> <li>• I authorise housing staff to confirm any personal and professional background relevant to this application.</li> </ul>			
Authorised referee signature		Date	/ /
Statement of privacy			
<p><i>The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on <a href="http://tfhc.nt.gov.au">tfhc.nt.gov.au</a> or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to seek access or correction of any information we hold about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 89992602.</i></p>			