



Employee Details

Employee Name

Employee Number

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Faculty/Division/Office

School/Section/Centre

Application date:

If approved, the allowance will commence on the date you first submitted your application and needs to be applied for annually. If less than 12 months, the allowance will be pro rata.

Details

1. In which First Nations Australian language do you have some proficiency?

2. On a scale of 1-5, how proficient are you in the use of the First Nations language?

1 = minimal knowledge for basic conversation; may need some assistance with conversing, reading and writing.
5 = very competent in using the First Nations language for general business, more formal communication, reading and writing etc.

1 2 3 4 5

3. How did you gain proficiency in the First Nations language?

Family / friends Elder(s) / Senior member(s) of the community

Course - Name of course Completed Not completed

Other - Please specify

4. Are you able to demonstrate your First Nations language skills (e.g. a certificate, samples of work or speaking language)?

Yes No

If "Yes", please specify how you can demonstrate your language skills

NOTE: you may be contacted by the First Nations Employment Adviser for confirmation of your language skills.

5. Details of person who can verify your language proficiency.

Name Email Phone Number

Role (e.g. Elder, senior member of the community, First Nations language teacher)

NOTE: The verifier may be contacted by the First Nations Employment Adviser for details of your language skills.

6. Is there an identified need for you to use a First Nations language in the course of your duties? Yes No

7. How do you intend to use your First Nations language skills? (e.g. conversational words/phrases; reading and writing; incorporation of language into learning resources, events and activities; sharing learning with others; teaching a First Nations language; translating and interpreting)

Consent

I consent to my work contact details being given to relevant staff and/or students as required.
I understand that I will need to apply for this allowance annually or when I transfer to another position.

Name

Signature

Date

Recommendation and Authorisation

I confirm that there is an identified need for the applicant to use a First Nations language in the course of their duties and support this application.

I do not support this application. (Please provide reasons)

Director/Manager

Name

Signature

Date

Submit Approved Form to First Nations Employment Adviser at EDI@csu.edu.au

DPC Use Only

Level 1 Level 2 Effective Date:

Not approved

Endorsed by:

First Nations Employment Adviser

Name

Signature

Date

Approved by:

Executive Director, People and Culture

Name

Signature

Date

First Nations Employment Adviser
to submit to **Employee Services**

