



## Employee Details

Employee Name

Employee Number

Extn. Number

Faculty/Division/Office

School/Section/Centre

Allowance commencement date:

This allowance needs to be applied for annually.  
If less than 12 months, the allowance will be pro rata.

## Details

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

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

1 = minimal knowledge for basic conversation; may need some assistance with conversing, reading and writing.

5 = very competent in using the Indigenous language for general business, more formal communication, reading and writing etc.

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5

3. How did you gain proficiency in the Indigenous 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 Indigenous 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 Indigenous Employment Coordinator 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, Indigenous language teacher)

**NOTE:** The verifier may be contacted by the Indigenous Employment Coordinator for details of your language skills.

6. Is there an identified need for you to use an Indigenous language in the course of your duties?

☐ Yes    ☐ No

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

DPC Use Only

☐ Level 1☐ Level 2Effective Date: ☐ Not approved

Endorsed by:

First Nations Employment Coordinator

Name

Signature

Date

Approved by:

Executive Director, People and Culture

Name

Signature

Date