

# Giving Indigenous Australians a Voice

## Submission for the proposed National Indigenous Representative Body

You can make a submission outlining your ideas and recommendations for the proposed national Indigenous representative body using this form. This document has a 1000 word limit. Please try to keep your submission concise, however, you may include an attachment if you exceed the word limit.

Send your submission to the following:

**POST:**

National Indigenous Representative Body  
PO Box 7576  
Canberra Business Centre ACT 2610

**FAX:**

02 6264 5069

**EMAIL:**

[Indigenousrepbody@fahcsia.gov.au](mailto:Indigenousrepbody@fahcsia.gov.au)

Please Note: fields marked with an asterisk (\*) are mandatory.

PUBLICATION DETAILS	
Submissions may be posted on the FaHCSIA website unless you indicate otherwise. Please indicate whether you consent to us publishing your submission on this website. We will not publish your submission without your express consent.	
I consent to this submission being published on the FaHCSIA website:	<input type="checkbox"/>
I do not consent to this submission being published on the FaHCSIA website:	<input type="checkbox"/>
Please provide a 'Name for Publication' that you are happy to have appear with your submission. If you are submitting on behalf of a group, this may be your group's name.	
Individual Name/Group Name for publication on the website*	
CONTACT DETAILS	
We need to collect some personal details from you in case we need to contact you to discuss your ideas further. These details will only be used for this purpose. If you are making a group submission, please provide these details for one member of your group.	
INDIVIDUAL OR GROUP CONTACT	
Title*	
First Name*	
Surname/Family Name*	
Organisation*	
Position*	
Age Groups*	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> Over 61
Are you Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT DETAILS	
Phone	Mobile
Email	
Address – Street*	
Suburb*	
State*	
Postcode*	
Country*	

