**Application for Associate membership**

**With**

**SNAICC –** National Voice for our Children

(Aboriginal and Torres Strait Islander Corporation)

I,

 (First name/last name)

of ABN

 (Name of the organisation)

apply to be an Associate Member of the Corporation.

I declare that is not eligible to be a Full Member of the

 (Name of the organisation/Individual)

Corporation but I declare that agrees to accept the objectives (Name of the organisation/Individual)

of the Corporation.

I declare that will commit to uphold SNAICCs Vision, Purpose,

 (Name of the organisation/Individual)

Goals and the guiding principles that align with the Closing the Gap, including the following:

* + - 1. Applying a child focussed approach
			2. Ensuring that Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children
			3. Protecting Aboriginal and Torres Strait Islander children’s right to live in culture
			4. Pursuing evidence-based responses
			5. Supporting, healing and strengthening families
			6. Challenging systemic racism and inequities
			7. A commitment to the transfer of resources and responsibility for early years child and family services for Aboriginal and Torres Strait Islander children to Aboriginal and Torres Strait Islander community-controlled organisations.

I declare that is eligible to be an Associate Member under one of

 (Name of the organisation/Individual)

the following categories:

[ ]  Individual or non-Aboriginal or Torres Strait Islander entity working for childhood development, safety or wellbeing; and/or

[ ]  Aboriginal and Torres Strait Islander organisation whose core business is not childhood development, safety or wellbeing, but who have an interest and commitment to this field.

Please provide in less than 250 words outlining what you/your organisation can do for SNAICC – National Voice for our Children:

* SNAICC board reserve the right to review (and potentially revoke) Associate Membership status if Associate Members are seen to not be upholding the principles listed above.
* The above criteria will be applied retrospectively as well as for new members.

Signature: Date:

Name:

Position:

Email: 2nd Email:

Telephone:

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| **SNAICC Vision**Aboriginal and Torres Strait Islander children, young people and families are protected, our communities determine their own futures, and our cultural identity is valued.**SNAICC Purpose**We work to amplify the voice of community and the sector for the fulfilment of the rights of our children**SNAICC Goal**Strong, safe, healthy, self-determining Aboriginal and Torres Strait Islander children, connected to family and culture.  |

**For Corporation use only**

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| Application received | Date: |
| Application fee received | Date: |
| Welcome Pack sent | Date: |