ADNYAMATHANHA TRADITIONAL LANDS ASSOCIATION (ABORIGINAL CORPORATION) RNTBC (ICN 3743)

HERITAGE SURVEY PARTICIPATION AGREEMENT

| Application | | | | |
|---|---|--|--|--|
| I (name) | | | | |
| of (home address) | | | | |
| declare that: | | | | |
| I am a Common Law Holder of Adnyamathanha lands identified in Native Title determination: | | | | |
| [] I am a member of the Adnyamathanha Traditional Lands Association or | | | | |
| [] I have enclosed an application to become a member of the Adnyamathanha Traditional Lands Association. | | | | |
| and | | | | |
| [Check one only] | | | | |
| [] | I am recognised as an elder, or by appropriate elders, as having the authority to make decisions on matters of culture, heritage and Native Title; or | | | |
| [] | I have relevant experience in the conduct of cultural heritage surveys having participated in surveys prior to the creation of the Register of Adnyamathanha Survey Participants; or | | | |
| [] | I wish to participate in heritage surveys in order to learn how to make decisions on matters of culture, heritage and Native Title. I am prepared to undertake a cultural heritage workshop to learn to identify artefacts, ildas, or other culturally sensitive material that needs to be protected. | | | |
| in the following areas of interest: | | | | |
| | of interest in which you have, or wish to develop, cultural authority, in as much detail as attach a separate document such as a map if you wish: | | | |

IN CONFIDENCE

Undertaking

I understand that the Adnyamathanha Culture, Heritage and Native Title Committee (CHANT) will select persons from the Register of Adnyamathanha Survey Participants (the Register) to undertake heritage surveys based on their assessment of the most suitable persons for each survey. In addition to cultural authority, this assessment will include a balance of elders and youth, men, women, moiety, and experience. I will respect the decision of the CHANT regarding the composition of each heritage survey team.

If I am selected to participate in a heritage survey I agree / understand:

I am physically capable of participating in a heritage survey and understand I may be required to work in remote areas of Adnyamathanha Native Title lands for periods of up to seven days. I understand surveys can entail a lot of walking over rough terrain under difficult conditions.

I will participate in the survey to the best of my ability in a respectful cooperative and collaborative manner, mindful of the views and capabilities of other survey participants.

For the duration of the survey, I am an employee of ATLA and as such I am bound by the Rules of the Association, the Code of Conduct, and Workplace Health and Safety (WHS) policies and procedures.

In matters of WHS and survey administration, I will follow all reasonable directions of the survey team leader, specialist members and representatives of mining / pastoral lease holders.

As much as is permitted by Adnyamathanha Lore, I will freely contribute my cultural and heritage knowledge to meet the aims of the survey and to transfer that knowledge to other members of the survey team.

In order to allow as many Adnyamathanha common law holders as possible to participate in heritage surveys my participation may be limited to a maximum of three surveys in any 12 month period.

Working hours on surveys sites may vary according to travelling time but in most cases participants are returned to their accommodation by 5:30 pm.

Personal Details

The following information is required to ensure that each heritage survey team will comprise a balance of men and women, elders and younger persons, and moiety groups.

| Gender | [] Male | [] Female |
|---------------|---------------|---------------|
| Moiety | [] Northwind | [] Southwind |
| Year of birth | | |

IN CONFIDENCE

| Contact Details | | |
|---|--|--|
| Home Telephone (opti | onal) | Mobile Phone |
| eMail Address | | _@ |
| Mailing Address (if not | your home address) | |
| Additional Information | on | |
| • | specific work or family | you consider relevant to your participation in related time restrictions, transportation needs |
| | | |
| | | |
| | | |
| COVID Testing and Pr | ecautions | |
| COVID test prior to de participating in that su | eployment. If you retur urvey. All survey team | team, you may be required to undertake a n a positive result you will be excluded from participants are required to observe the COVID e masks and hand sanitisation. |
| Certification | | |
| | mation in this application hanha Survey Participa | on is true, and I request that I be included in the nts. |
| Print Name: | | Signature |
| Date of Application: _ | | |
| | | |
| ATLA Use | | |
| Date application received | | |
| Date application processed | d | · |
| Registered | [Y] [N] | Participant Number |
| Applicant informed | | |