

Assistance Request Form

Cape York Land Council's policy in relation to Assistance provided under Part 11 Division B of the *Native Title Act 1993* (Cth) (**NTA**) is available on the CYLC website at www.cylc.org.au.

CYLC can only provide assistance in relation to matters that are within CYLC's service region and fall within the scope of CYLC's statutory functions under the NTA.

Section 203BB(1)(b) of the NTA states that the assistance functions of CYLC are:

To assist Registered Native Title Bodies Corporate (PBCs), native title holders and persons who may hold native title (including by representing them or facilitating their representation) in consultations, mediations, negotiations, and proceedings relating to the following:

- i. native title applications;
- ii. future acts;
- iii. ILUAs or other agreements in relation to native title;
- iv. rights of access conferred under this Act or otherwise; and
- v. any other matters relating to native title or to the operation of this Act

It is important to note that CYLC may only perform functions under s203BB of the NTA if it is requested to do so. Please complete the application to make such a request.

You will be notified in writing of the Reviewing Assessor's decision within 28 days from date on which the application was received.

Application for Assistance

If you would like assistance with completing this form, please contact CYLC on the contact details at the bottom of this page.

1. Name of PBC or person requesting assistance:

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2. Name of group assistance is requested for:

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3. Contact details of PBC or person requesting assistance:

- a. Phone:
- b. Email:
- c. Postal Address:

4. Description of assistance requested:

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5. Area where assistance requested (please provide geographical details of the area including a map where possible)

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6. Is there a native title determination over the area?

Yes

No

7. Are there any other Aboriginal people or groups that you know/think may have, or think they have, native title rights or interest in the area you are requesting assistance in?

Yes

No

If **yes**, please provide details:

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8. Have you requested assistance from CYLC for this reason previously?

Yes

No

If **yes**, please provide details of your previous request, and what assistance was provided:

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9. Have you previously had other legal representation or legal advice on your matter from anyone else?
- Yes
 - No

If **yes**, please provide information on the type of assistance provided, and who assisted you:

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10. Statement of truth

- a. I confirm the information in this application is true and correct to the best of my knowledge.
- b. I understand that in assessing the request, CYLC may consider material in its possession that is relevant to the request.

Any further comments:

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_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

If the Request for Assistance is being submitted on behalf of a PBC, please attach a copy of the resolutions requesting assistance.

Completed forms can be submitted to CYLC in person, by post or by email at reception@cylc.org.au

