



**SUPPLEMENTARY
AGENDA**

ORDINARY COUNCIL MEETING

THURSDAY, 14 NOVEMBER 2019

Notice is given that the next Ordinary Council Meeting of Tiwi Islands Regional Council will be held on:

- Thursday, 14 November 2019 at
- Wurrumiyanga Boardroom
- Commencing at 9:00am

Your attendance at the meeting will be appreciated.

Valerie Rowland
Chief Executive Officer

AGENDA

S REPORTS FOR DECISION

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REPORTS FOR DECISION

ITEM NUMBER	S.1
TITLE	Requests for Confirmation of Aboriginal Descent - Sharniqua Oxtoby
REFERENCE	229894
AUTHOR	Claire Scrymgour, Acting Governance & Compliance Manager



A requests for Confirmation of Aboriginal Descent have recently been received. This application can be placed before Council for confirmation.

BACKGROUND

Attached to this report an application recently received from Sharniqua Oxtoby.

Council are asked to review these applications for final approval, and apply the Council Seal to the document.

Please note that the Mover / Secunder must not be a member of the applicant's family.

ISSUES/OPTIONS/CONSEQUENCES

Nil

CONSULTATION & TIMING

Nil

RECOMMENDATION:

That Council approves and endorses the confirmation of Aboriginal Descent for Sharniqua Oxtoby and approves for the Council Common Seal to be applied on the application. (Reference number 229894)

ATTACHMENTS:

- 1 Confirmation of Aboriginal Descent - Sharniqua Oxtoby.pdf



Confirmation of Aboriginal and/or Torres Strait Islander descent

To be completed by the Applicant:

I, SHARNIQUA OXTOBY (First & Last names)
 born on 22/7/2001 (Date dd/mm/yyyy)
 at RDH (Place)
 and now living at KUNUNARA - W.A (Address)

Declare that I am of Aboriginal/Torres Strait Island descent.

My mother's name is/was: CHRISTINE PARUNTAMER

My father's name is/was: BRUCE OXTOBY

My language group or home community is: TIWI

To be completed by the Tiwi Islands Regional Council during Ordinary Council meetings:

The above person is accepted and recognised as an Aboriginal and/or Torres Strait Islander person by the Tiwi Islands Regional Council.

Address of Organisation: PMB 267, Winnellie NT 0822.

Moved by _____ *Signature _____

Seconded by _____ *Signature _____



Number of Council Meeting _____ Date of Council Meeting _____

** These signatories must not be members of the applicant's family.*

Please tick below box if you require electronic copy, original copy or both.

- Electronic Copy By Post Both

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May 2016

REPORTS FOR DECISION

ITEM NUMBER	S.2
TITLE	Requests for Confirmation of Aboriginal Descent - Raelene Grace Tipiloura Young
REFERENCE	229895
AUTHOR	Claire Scrymgour, Acting Governance & Compliance Manager



A requests for Confirmation of Aboriginal Descent have recently been received. This application can be placed before Council for confirmation.

BACKGROUND

Attached to this report an application recently received from Raelene Grace Tipiloura Young.

Council are asked to review these applications for final approval, and apply the Council Seal to the document.

Please note that the Mover / Secunder must not be a member of the applicant's family.

ISSUES/OPTIONS/CONSEQUENCES

Nil

CONSULTATION & TIMING

Nil

RECOMMENDATION:

That Council approves and endorses the confirmation of Aboriginal Descent for Raelene Grace Tipiloura Young and approves for the Council Common Seal to be applied on the application. (Reference number 229895)

ATTACHMENTS:

- 1 Confirmation of Aboriginal Descent - Raelene Grace Tipiloura Young.pdf



Confirmation of Aboriginal and/or Torres Strait Islander descent

To be completed by the Applicant:

I, Raelene Grace Tipiloura Young (First & Last names)

born on 18/02/1991 (Date dd/mm/yyyy)

at Royal Darwin Hospital N.T. (Place)

and now living at Lot 337, Wurrumiyanga Community, (Address)

Bathurst Island, NT, 0822

Declare that I am of Aboriginal/Torres Strait Island descent.

My mother's name is/was: Michelle Tipiloura

My father's name is/was: Raymond John Young

My language group or home community is: Tiwi

To be completed by the Tiwi Islands Regional Council during Ordinary Council meetings:

The above person is accepted and recognised as an Aboriginal and/or Torres Strait Islander person by the Tiwi Islands Regional Council.

Address of Organisation: PMB 267, Winnellie NT 0822.

Moved by _____ *Signature _____

Seconded by _____ *Signature _____

Number of Council Meeting _____ Date of Council Meeting _____

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May 2016



REPORTS FOR DECISION

ITEM NUMBER	S.3
TITLE	Requests for Confirmation of Aboriginal Descent - Shaun Hill
REFERENCE	229911
AUTHOR	Claire Scrymgour, Acting Governance & Compliance Manager



A requests for Confirmation of Aboriginal Descent have recently been received. This application can be placed before Council for confirmation.

BACKGROUND

Attached to this report an application recently received from Shaun Hill.

Council are asked to review these applications for final approval, and apply the Council Seal to the document.

Please note that the Mover / Secunder must not be a member of the applicant's family.

ISSUES/OPTIONS/CONSEQUENCES

Nil

CONSULTATION & TIMING

Nil

RECOMMENDATION:

That Council approves and endorses the confirmation of Aboriginal Descent for Shaun Hill and approves for the Council Common Seal to be applied on the application. (Reference number 229911)

ATTACHMENTS:

- 1 Confirmation of Aboriginality- Shaun Hill.pdf



Confirmation of Aboriginal and/or Torres Strait Islander descent

To be completed by the Applicant:

I, SHAUN HILL (First & Last names)
 born on 9/09/1977 (Date dd/mm/yyyy)
 at RDH (Place)
 and now living at UNIT 10, 19-23 WESTRALIA ST, STUART PARK (Address)

Declare that I am of Aboriginal/Torres Strait Island descent.

My mother's name is/was: JANE HILL

My father's name is/was: KIM HILL SNR

My language group or home community is: TIWI

To be completed by the Tiwi Islands Regional Council during Ordinary Council meetings:

The above person is accepted and recognised as an Aboriginal and/or Torres Strait Islander person by the Tiwi Islands Regional Council.

Address of Organisation: PMB 267, Winnellie NT 0822.

Moved by _____ *Signature _____

Seconded by _____ *Signature _____

Number of Council Meeting _____ Date of Council Meeting _____

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