

**Attach this page to the front of your application.**



**Northern Aboriginal and Torres Strait Islander Health Alliance**

**Applicant Checklist.**

**Pref:** .....

**Name:** .....

**Address:** .....

**Primary Contact Number:** ..... *(to be used for recruitment process)*

**Email Address:** .....

**Preferred method of contact:** .....

**Please tick to ensure you have enclosed the following documents as part of your application for consideration.**

- Cover Letter
- Detailed Resume
- Responses to Selection Criteria
- Two Referees from Aboriginal and or Torres Strait Islander or both persons
- Colour Copy of Drivers Licence and Blue Card