

**NATIONAL INDIGENOUS POSTGRADUATE ASSOCIATION
ABORIGINAL CORPORATION (NIPAAC)**

The website:

(Please indicate which information, if any, you are happy to have disclosed on the website)

NAME	YES/ NO	
EMAIL	YES/ NO	
UNIVERSITY OF ENROLMENT	YES/ NO	
RESEARCH TOPIC	YES/ NO	

NIPAAC MEMBERSHIP

NOTE: All questions with a * must be answered.

*NAME: _____

*POSTAL ADDRESS (home or work): _____

*EMAIL ADDRESS: _____

HOME PHONE NUMBER (optional): _____

WORK PHONE NUMBER: _____

WORK FAX NUMBER: _____

*UNIVERSITY OF ENROLMENT: _____

*FULL NAME OF YOUR DEGREE: _____

*CATEGORY OF MEMBERSHIP: _____

- A Current Indigenous-Australian postgraduate
- B Past Indigenous-Australian postgraduate
- C Indigenous-Australian Elder
- D Indigenous-Australian staff member within HE
- E Non-Indigenous-Australian Friend of NIPAAC

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THESIS/ RESEARCH TOPIC: _____

IS YOUR DEGREE BY COURSEWORK OR RESEARCH? _____

DO YOU STUDY FULL-TIME OR PART-TIME? _____

DO YOU STUDY WITH FACE-TO-FACE SUPERVISORY INTERVIEWS/
CLASSES OR BY EXTERNAL MODE?

DO YOU STUDY BY BLOCK RELEASE? _____

DECADE OF AGE: (20s, 30s, 40s, 50s, 60s) _____

NAME OF WORKPLACE: _____

WHAT IS YOUR POSITION AT WORK? _____

ARE YOU EMPLOYED ON A FULL-TIME OR PART-TIME BASIS? _____

*HOW DID YOU FIRST HEAR ABOUT NIPAAC? _____

<p>You can return your form by email to nipaac@capa.edu.au or by post to: NIPAAC Box 42, Trades Hall, 2 Lygon St, Carlton Sth, 3053.</p>
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