



NATSIHWA

National Aboriginal and Torres Strait
Islander Health Worker Association

ANNUAL REPORT 2012-2013



THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER ASSOCIATION (NATSIHWA) WOULD LIKE TO ACKNOWLEDGE THE FACT THAT THERE ARE DIFFERENT GROUPS ALL ACROSS AUSTRALIA.

WE WOULD LIKE TO SHOW OUR APPRECIATION TO EACH AND EVERY GROUP FOR ALLOWING OUR ORGANISATION AND OUR REPRESENTATIVES THE PRIVILEGE TO LEAVE OUR FOOTPRINTS ON YOUR COUNTRY.

WE WOULD LIKE TO ACKNOWLEDGE ALL THE RESPECTIVE ELDERS PAST AND PRESENT, WHO HAVE WALKED BEFORE AND WITH US AND THANK YOU ALL FOR ASSISTING US ON OUR JOURNEY TO ACHIEVE OUR OBJECTIVES.

TABLE OF CONTENTS

A word from the Chair of NATSIHWA	4
A snapshot of our work in 2012-2013	6
2012 NATSIHWA AGM & National Professional Development Forum	7
NATSIHWA members interesting facts	7
2012 NATSIHWA Awards	8
The Deadlys	10
Areas of support you want	11
Profiling our members	11
Supporting and Informing you	12-14
Murra Mullangari Pathways	12
NATSIHWA Caring for Our Mob Cultural Safety Symposium	15

Financial Report for the year ended 30 June 2013

Directors' Report	16
Independent Auditor's Report	18
Auditor's Independence Declaration	20
Directors Declaration	21
Statement Of Comprehensive Income	22
Statement of Financial Position	22
Statement of Changes In Equity	23
Statement of Cash Flows	23
Notes to the Financial Statements	24-30

A word from the Chair of NATSIHWA



JENNY POELINA, CHAIRPERSON

As Chairperson of NATSIHWA it is my pleasure to present you with the 2012/2013 National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) Annual Report.

Since July 2012 NATSIHWA has progressed towards establishing itself as the peak voice for Aboriginal and Torres Strait Islander Health Workers. This is increasingly evident in the number of reference groups and working parties that NATSIHWA has been invited to participate in that are of national significance and are in accordance with our core business. NATSIHWA is committed to being involved at all levels of government to highlight the vital role that Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) play in providing professional, effective and culturally respectful health services to Aboriginal and Torres Strait Islander individuals, families and communities across Australia, and to represent the needs and views of both current and future Aboriginal and Torres Strait Islander Health Workers.

Like all strong peak bodies, NATSIHWA's Secretariat has continued to evolve to support vital areas of our organisation including our membership recruitment and retention strategy. I am delighted to report that our membership now exceeds 500 Members, with over 80% being Full Members, and it is set to increase further. The increase in the size and distribution of our membership has meant that we are representing a higher proportion of Aboriginal and Torres Strait Islander Health Workers across Australia than ever before, and as such we can gain a fuller appreciation of ATSIHWs' professional needs and the range

of contexts in which they work. Our consultation with our membership has led to identifying important educational and professional development needs for our members.

NATSIHWA has spent another busy year responding to the challenges of a changing Government environment, we have continued our engagement with government and maintained our relationships within Aboriginal and Torres Strait Islander health. We persisted with the implementation of the valuable direction from our Members Meeting in 2012 to advocate and strategically position our priorities on national agendas and committee forums.

Areas identified by our membership that directed our focus for 2012/2013 included but were not limited to the following:

- Occupational streams for ATSIHWs
- Analysis of professional development hours required for registration
- Inequity of working conditions for ATSIHWs
- Linking ATSIHWs into working effectively with other health workers in mainstream settings
- Support in obtaining scholarships and training as there are none in the general practice/ Medicare Locals setting
- Lobbying for better wages and conditions
- More professional development and training for ATSIHWs.

The commitment and genuine hard work of our staff resulted in many successful activities throughout the year, with key events/activities being:

Murra Mullangari Pathways Project:

This project saw us work collaboratively with other key Aboriginal and Torres Strait Islander peak health bodies namely, IAHA, AIDA, CATSINM and NACCHO. This project resulted in us being supported by Department of Education Employment and Workplace Relations (DEEWR) to bring 30 Aboriginal and Torres Strait Islander students to Canberra in April 2013 to explore career pathways in health. There was an overwhelming response to the application process with 187 received from young people in urban, regional, rural and remote areas.

NATSIHWA Caring for Our Mob - Cultural Safety Symposiums:

The symposiums were a direct result of the feedback from our National Professional Development Forums. Cultural Safety is seen by many of our members to have the potential to significantly improve Aboriginal and Torres Strait Islander People's health outcomes as well as increase retention and recruitment of Aboriginal and Torres Strait Islander health professionals into the health system. Heightened awareness, increased participation and critically enhanced sense of partnership were noted as vital issues in the 2012 'Growing our Future' Report.

Continued support from DoHA, State Governments, Health Workforce Australia, the Australian Medicare Local Alliance and NACCHO has been requested to assist us continuing these important forums into the next period.

Review of the Aboriginal Primary Health Care Qualifications:

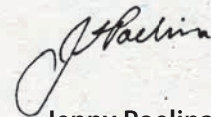
This major review saw NATSIHWA represented and work in collaboration with both the Industry Representative and Subject Matter Expert Groups in reviewing the qualifications. We continue to have a close working relationship with ATSIHRTONN, ATSIHWWG, and State and Federal jurisdictions in implementing the new qualification, and providing information for current and potential new Members regarding changes and opportunities to up-skill to the new qualifications.

National Aboriginal & Torres Strait Islander Health Plan Consultations:

NATSIHWA played a pivotal roll in the development and consultation phase of the Australian Government's Aboriginal and Torres Strait Islander Health Plan. We ensured our presence and participated in consultation workshops, roundtable discussions and planning meetings. Through this were we ensured that the perspectives of ATSIHWs were reflected in the consultation outcomes and final report.

Together with the growth in membership and increase in our activities, we have undergone some major upgrades to our IT server and associated software that is already showing benefits by having a better-integrated system that supports all our current locations. We will be looking forward to the database component being fully functional, as this will support several other ongoing and core activities.

Through further positioning our organisation and membership in the National Aboriginal & Torres Strait Islander Health arena and implementing stronger systems internally, NATSIHWA has experienced a fruitful 12 months. With ongoing commitment from the Board and staff I am confident that our organisation will continue to grow as we set ourselves for another successful and busy year in 2013/14.



**Jenny Poelina,
Chairperson.**

A snapshot of our work in 2012-2013

NATSIHWA’s work is to make certain the continuation of an Aboriginal and Torres Strait Islander Health Worker workforce to ensure Aboriginal and Torres Strait Islander peoples have better health outcomes and to receive those outcomes in a culturally and sensitive manner. Here’s how we have worked to do that in 2012-2013.

Increase awareness of NATSIHWA

This year we have:

- Exceeded our initial goal of over 400 NATSIHWA members by 2014 with over **538** people now members of NATSIHWA
- Conducted a variety of Aboriginal and Torres Strait Islander Health worker awareness initiatives through the ‘Caring for Our Mob’ forums and representation on every major Aboriginal and Torres Strait Islander Health committee

Strengthen professional support for members

- Provided members with information on professional development through phone advice, newsletters, forums and our website
- Worked with Health Workforce Australia and the Community Services and Industry Skills Council to strengthen the education pathways for potential and current Aboriginal and Torres Strait Islander Health Workers and those wanting to become Aboriginal or Torres Strait Islander Health Practitioners
- Conducted Member networking and professional development events in Melbourne, Perth, Darwin and Adelaide with over 175 attendees
- Reviewed and endorsed the Aboriginal and Torres Strait Islander Health Workers and Blood Borne Virus information booklet with the Australian Society for HIV Medicine

Strengthen relationships with external stakeholders

- Represented Aboriginal and Torres Strait Islander Health Workers and NATSIHWA members on over 17 committees state wide and nationally
- Collaborated with CATSiNaM, AIDA, NACCHO and IAHA to commence the Murra Mullangari Pathways project to support 30 people into Aboriginal and Torres Strait Islander health
- Successfully obtained funding for a Partnership Innovation Project Officer to continue to strengthen our work with our partner organisations

Strengthen advocacy and representation

- Successfully advocated for Aboriginal and Torres Strait Islander Health Workers to be recognised alongside other health professions and to be able to access the National eHealth record System for their clients
- Launched the Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework in conjunction with Health Workforce Australia
- Lobbied for the need for culturally safe work environments with health executives and other health stakeholders through the ‘Caring for Our Mob’ symposiums.

“IN ORDER FOR ANY CHANGE TO OCCUR, ONE MUST COME TO DEEPLY UNDERSTAND THE UNIQUE CHARACTERISTICS OF THE COMMUNITY IN WHICH ONE WORKS, TO SIT WITH PEOPLE AND LISTEN TO THEIR STORIES, AND ONLY THEN CAN THE PROCESS OF DEVELOPING WORKABLE STRATEGIES BE DEVELOPED, WHICH ARE RESPECTFUL, ALL ENCOMPASSING, DIRECTED AND THEREFORE CULTURALLY SAFE.

THE DESIGN OF A CULTURALLY SAFE FRAMEWORK WILL NOT ONLY HAVE GREAT IMPLICATIONS FOR THE ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES OF AUSTRALIA, BUT CONTRIBUTE TOWARDS SAFETY FOR ANY MINORITY GROUP.”

HON WARREN SNOWDEN MP AT THE OPENING OF THE NATSIHWA ALICE SPRINGS CARING FOR OUR MOB SYMPOSIUM

2012 NATSIHWA AGM & National Professional Development Forum

The 2012 NATSIHWA AGM & National Professional Development Forum saw over 90 people from over 30 tribes attend in Melbourne last November.

Aboriginal and Torres Strait Islander Health Workers from all over Australia were there from Aboriginal Community Controlled, Government health, Medicare Local and Private Primary care settings. The 2012 forum focused on the topic of **“Unleashing Your Potential”**. The forum provided attendees with insights from over 15 Aboriginal and Torres Strait Islander Health Worker leaders and mainstream health executives from around Australia on a variety of topics affecting our profession.

Local community elders were engaged in the forum with attendance by Aunty Jan Chessells, Aunty Alma Thorpe and

Aunty Dianne Kerr. The insightful and warm Welcome to Country from Aunty Diane Kerr particularly highlighted her own health journey in recent times and the positive health impact an Aboriginal Health Worker would have had if they had been part of her acute patient journey.

NATSIHWA members who attended heard inspiring stories from Aboriginal and Torres Strait Islander Health Workers who shared the story of their career journeys – showing how a strong career pathway is possible while remaining within the Aboriginal and Torres Strait Islander Health Worker profession.

Interesting facts about NATSIHWA members

AVERAGE AGE OF MEMBERS

46

YOUNGEST MEMBER

19

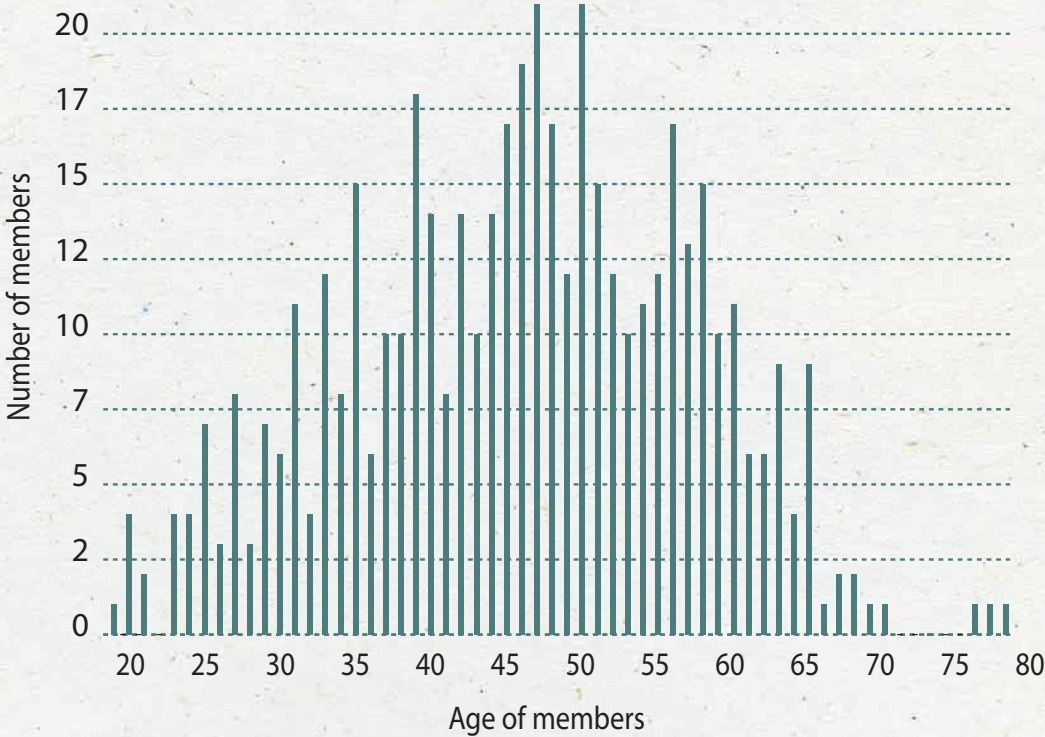
OLDEST MEMBER

78

UP AND COMING (STUDENT) MEMBERS

17

NATSIHWA members by age



And the Winners Are!

The winners of the 2012 NATSIHWA Aboriginal and Torres Strait Islander Health Worker Awards were announced at the Gala Dinner on 28th November. Over 100 nominations were received across the four award categories.

The winners of the Awards were:

NATSIHWA YOUNG WARRIOR - THE FUTURE LEGENDS...

Young Aboriginal and Torres Strait Islander Health Workers who have passion, enthusiasm and a commitment to make a difference!

TAMARA LITTLE

**Aboriginal and Torres Strait Islander Health Worker
Young Warrior – Apunipima, Cairns**

"Tamara has worked closely with Midwives to ensure the delivery of quality care and support to the pregnant women of Cape York, who are forced to move to Cairns at 36 weeks pregnant to deliver their babies. During this difficult time away from community and family, Tamara ensures that the ladies receive culturally appropriate support, advice and care both in their hotels and in the hospital until they are ready to return home"

"Tamara provides fantastic support and education to Cape York women who travel to Cairns"

"Tamara is a quiet achiever, who is currently undertaking the Certificate III in PHC. Tamara supports pregnant ladies who arrive in Cairns from Cape York and has taken on the role and responsibilities with great commitment and constantly seeks to improve her knowledge and the great service she offers"

NATSIHWA HEALTH WORKER LEGEND

Aboriginal and Torres Strait Islander Health Workers who have been around a while and lead the way in caring for their people.



ALICE TAYLEY

**Aboriginal and Torres Strait Islander Health Worker -
Wujal Wujal Primary Health Care Clinic**

The people who nominated Alice said... "For 20 years of providing service to women and children in her community. Alice makes it possible to deliver primary health care through home visits."

ATTENDEES TO THE NATSIHWA GALA DINNER



SKIN CHOIR, PERFORMING AT THE GALA DINNER



NATSIHWA HEALTH SERVICE LEGEND

Health services that provide a positive, culturally safe and supportive work environments for their Aboriginal and Torres Strait Islander Health Workers to be able to provide exceptional primary health care to their communities.



MOOKAI ROSIE BI-BAYAN HEALTH SERVICE

Health Service Legend

Mookai Rosie Bi-Bayan (MRBB) is a unique service that has grown from humble beginnings. From the days of Aunty Rosie taking those in need into her home to the service that now I am sure she can be proud of. MRBB provides holistic primary and maternal child health care to the women and children of the Cape who are required in Cairns for medical, specialist, and birthing requirements. The client's are housed at MRBB and provided health support twenty-four hours a day - 365 days a year. Staff thrive to ensure the clients feel as though our facility is their home away from home. MRBB operates and functions not only as a service but as the family environment they strive to provide.



NATSIHWA CHAMPIONS

Any person who has been influential in the development and support of the Aboriginal and Torres Strait Islander Health Worker profession.



DR MICK ADAMS AND MR GRAEME ROSSITER

For this category the NATSIHWA Board decided to award two awards. Both people have advocated tirelessly on behalf of Aboriginal and Torres Strait Islander Health Workers from their various positions in government and community.

For their consistent support of the Aboriginal and Torres Strait Islander Health Worker workforce over the last two decades we are proud to acknowledge **Mick Adams** and **Graeme Rossiter** as Aboriginal and Torres Strait Islander Health Worker Champions.

"AS AN INDIGENOUS HEALTH WORKER I LOVE WORKING AND SHARING MY KNOWLEDGE WITH OTHER PEOPLE IN THE COMMUNITY. MY COMMUNITY, FAMILY AND COLLEAGUES ARE VERY SUPPORTIVE TOWARDS MY WORK".

ALICE TALLY WUJAL WUJAL PRIMARY HEALTH CARE CENTRE AND DEADLY AWARDS NOMINEE

Further recognition of the value of our profession

The Deadlys are the National Aboriginal & Torres Strait Islander Music, Sport, Entertainment & Community Awards and were held on the 10th of September. It was a night for paying tribute to the trailblazers at the 19th annual Deadlys, held at the Sydney Opera House. And we are very proud to announce that NATSIHWA member Leonie Morcome won the 2013 Health Worker Award of the Year!



The staff and Board of NATSIHWA would like to congratulate the following on their nominations for Health Worker of the Year at the 2013 Deadly Awards:

Marian Hill - Derbarl Yerrigan Health Service - for her work with Australian Hearing and ENT specialists and for becoming the first person to be awarded Practitioner status in Western Australia

Jenny Poelina - KAMSC - for her work in Aboriginal Primary Health Care Training, Education & Research

Leonie Morcome - Biripi Aboriginal Medical Service - a committed Aboriginal Health Worker for almost 26 years and has played a large role in the development of her organisation.

Alice Tayley - Wujal Wujal Primary Health Care Centre - who works with her community in far North Queensland



LEONIE MORCOME BIRIPI ABORIGINAL MEDICAL SERVICE DEADLY HEALTH WORKER OF THE YEAR 2013!

Leonie has been a committed Aboriginal Health Worker for almost 26 years and has played a large role in the development of the organisation.

Leonie started at the Biripi Medical Service when she was only 17 and has since gone on to become an experienced health worker, achieving many professional qualifications including a Diploma in Health Science (Aboriginal Health & Community Development), Cert IV Aboriginal Primary Health and Cert IV Family Domestic Violence and Sexual Assault.

"If I can make a difference in the lives of our people, then I'm feeling very pleased and happy that I've supported them," she says.

She instinctively knows the needs of her clientele and has a holistic approach to healthcare, driving many successful programs such as Immunisations, Grief and Loss (funeral support) and a 3on3 Deadly Vibe Basketball and Hip Hop Challenge.



Areas of support you want...

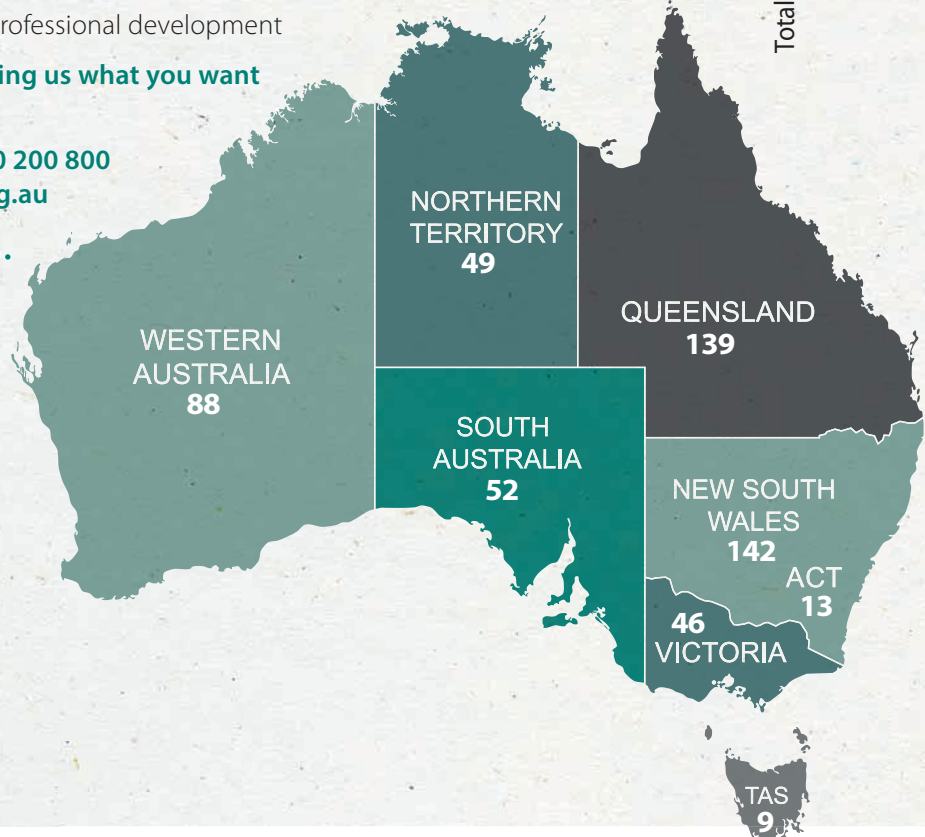
Through our forums and consultations you raised some of following issues for us to work on over the next period of time:

- Occupational streams for Aboriginal and Torres Strait Islander Health Workers (ATSIHWs)
- Lobbying for better wages and conditions
- More professional development and training for ATSIHWs
- Analysis of professional development hours required for registration
- In-equity of working conditions for ATSIHWs
- Linking ATSIHWs into working effectively with other health workers in main stream
- Support in obtaining scholarships and training as there is none in private practice requirement for preceptoring/mentoring programs for trainee ATSIHWs
- Building Cultural Safety and accountability in mainstream health models
- A requirement for preceptoring/mentoring programs for trainee ATSIHWs
- A need for transitional models from classroom to role/workplace
- The need to concentrate on building resilience in the ATSIHW workforce
- Clinical placement for Aboriginal and Torres Strait Islander Health Workers – simulated workplace environments
- How to up-skill to new qualifications
- First Aid – the renewal date (length of competency) was not stated in new qualifications
- When does accreditation run out?
- Practice Log book and recording our professional development

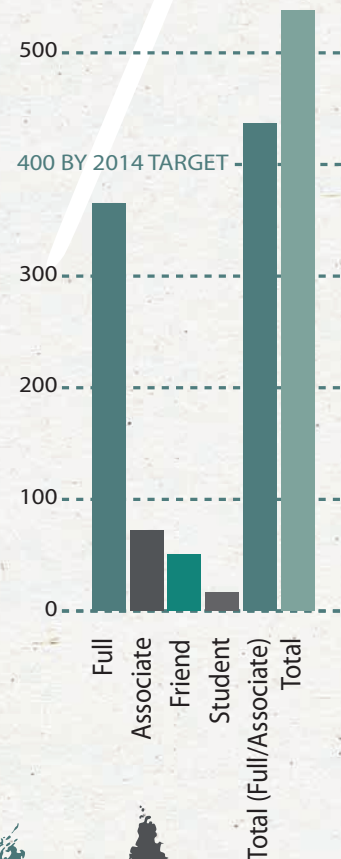
As a member of NATSIHWA, keep telling us what you want and need from us to support you.

**Contact us at NATSIHWA: Phone 1800 200 800
or via our website: www.natsihwa.org.au**

NATSIHWA member location



Profiling our NATSIHWA members



SUPPORTING AND INFORMING YOU

Professional Development

Core functions of any professional association are to provide up to date information that is relevant to the role and working contexts of its members, along with professional networking, opportunities and development for its members. We have held three **Supporting and Informing You Forums** this year conducted in Darwin, Adelaide and Perth as well as our national professional development forum held in Melbourne last November, with over 175 attendees.

Did you know...

SUPPORT FOR YOUR PROFESSIONAL DEVELOPMENT TO BECOME AN ABORIGINAL OR TORRES STRAIT ISLANDER HEALTH PRACTITIONER

Through a strong collaborative relationship with Health Workforce Australia NATSIHWA has been able to support the funding of skills recognition and up-skilling training for Aboriginal and Torres Strait Islander Health Workers to meet the requirements for national registration.

We are pleased that a national program of culturally appropriate up-skilling training is now available for all Health Workers. If you want to obtain or upgrade to the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care you now can do so – and for free! Further information will be provided to members over the coming months as to how you can access this free training.

OUR WEBSITE AND NEWSLETTERS CONTINUE TO BE A BIG WAY TO INFORM MEMBERS OF WHAT NATSIHWA IS DOING FOR YOUR PROFESSIONAL DEVELOPMENT AND NEWS THAT RELATES TO OUR PROFESSION.

Visitors to NATSIHWA website:	8,685
Unique Visitors to NATSIHWA website:	4,731
Page views:	20,12



Murra Mullangari Pathways

An ongoing partnership was formed between Aboriginal and Torres Strait Islander National Peak Health organisations being AIDA, NACCHO, IAHA, NATSIHWA and CATSINaM to seek funding to bring 30 students to Canberra in April to review a career pathway in health for school aged children.

Funding was approved and a working party formed with selection material developed and disseminated.

During the selection process 187 applications were received from urban, regional, rural and remote areas with various numeracy and literacy skills. However, only 30 positions could be filled, with the remainder applications being given to the identified peak body of which the applicant showed interest in.

Interest was shown for training as an Aboriginal and Torres Strait Islander Health Worker in regional, rural and remote areas and in particular in; men health, diabetes health worker, palliative care health worker and drug and alcohol health worker.

Ongoing funding is being sought to support the future rollout of this program.

"I WANT TO GO FURTHER, SO I CAN BE A VOICE AND SUPPORT FOR OUR PEOPLE – OUR PEOPLE NEED TO HAVE A VOICE WHEN IT COMES TO HEALTH... I'M THERE TO HELP OUT AND TO DO MY JOB, WHATEVER I NEED TO DO TO RETAIN THEIR HEALTHY LIFESTYLES AND LIVING... IF I CAN MAKE A DIFFERENCE IN THE LIVES OF OUR PEOPLE, THEN I'M FEELING VERY PLEASED AND HAPPY THAT I'VE SUPPORTED THEM,"

LEONIE MORCOMBE - DEADLY HEALTH WORKER OF THE YEAR 2013

INFORMING YOU

An update on National registration Strait Islander Health Practitioners

The following are excerpts from the Aboriginal and Torres Strait Islander Health Practice Board of Australia's September 2013 communique...

- The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), requires a practitioner to be registered if they wish to, or their employer requires them to use one of the protected titles. The protected titles are:
 - Aboriginal and Torres Strait Islander health practitioner
 - Aboriginal health practitioner, or
 - Torres Strait Islander health practitioner.
- Following the transition of Northern Territory registrants and as of August 2013, a total of 122 applications for general registration had been received. Of these:
 - 70 were granted registration
 - 15 were incomplete
 - 1 has been asked to 'show cause'
 - 17 were refused registration
 - 14 were withdrawn, and the rest are under consideration.
- There continues to be an increase in the number of applicants from South Australia. However significantly more applicants continue to originate from Queensland: accounting for 42% of all applications received.
- The Aboriginal and Torres Strait Islander Health Practice Accreditation Committee completed its public consultation of its draft Accreditation standards and accreditation process for Aboriginal and Torres Strait Islander health practice on 6 September 2013.

The Committee is now considering the feedback. The next step is for the Committee to propose its recommended accreditation standards and processes to the Board at its 23 October meeting.

For further information about AHPRA and national registration go to: www.atsihealthpracticeboard.gov.au

By the end of June 2013 there were 300 registered Aboriginal and Torres Strait Islander health practitioners throughout Australia. The table below provides updated information on where these practitioners are.

Aboriginal and Torres Strait Islander Health Practitioners:

Registration Type by State (Jun 2013 – published Sept 2013)

State	Total	% By State
ACT	1	0.33%
NSW	21	7.0%
NT	228	76.0%
QLD	31	10.33%
SA	4	1.33%
TAS	1	0.33%
VIC	7	2.33%
WA	7	2.33%
Total	300	

SUPPORTING YOU

Know what's going on

NATSIHWA has been liaising with other organisations on a regular basis to assist in promoting professional education initiatives. NATSIHWA has been sending emails to our members on a regular basis to inform them of courses/forums that may be happening around the Country.

As part of the **Supporting and Informing You Forums**, NATSIHWA were able to invite guest speakers from the following organisations to inform our members of what has been happening in the Health Workers domain:

- **Community Services and Health Industry Skills**
- **Northern Territory Medicare Local**
- **Aboriginal Medical Services Alliance Northern Territory**
- **Aboriginal and Torres Strait Islander Health Practice Board of Australia**
- **Health Workforce Australia**
- **Perth South Coast Medicare Local**
- **NeHTA**
- **Aboriginal Health Council of Western Australia**
- **Heart Foundation**
- **Palliative Care Education**
- **Crana Plus**
- **SA Medicare Local**

SUPPORTING YOU

Advocacy and representation

NATSIHWA plays a strong role in advocating on behalf of Aboriginal and Torres Strait Islander Health Workers with other groups that are developing policy, funding, designing and/or delivering education, training and professional development that is relevant to Aboriginal and Torres Strait Islander Health Workers, based on their recognised scope of practice. This incorporates the developments regarding the National Registration and Accreditation of Aboriginal and Torres Strait Islander Health Practitioners.

In 2012/13 NATSIHWA achieved representation on the following groups and committees:

- Community and Health Services Industry Skills Council (CS&HISC) Industry Representative Group in relation to the review of the National Training Package
- National Closing the Gap Steering Committee
- Aboriginal and Torres Strait Islander Health Workforce Working Group
- The National Congress of Australia's First People's National Health Leadership Forum
- Australian Health Practitioner Regulation Authority (AHPRA) Professions Reference Group
- National Primary Health Partnership
- Health Workforce Australia (HWA) – Aboriginal and Torres Strait Islander Health Workforce Committee
- National Aboriginal and Torres Strait Islander Health Equity Council
- HWA Multimedia development working group

We also attended the following forums to represent Aboriginal and Torres Strait Islander Health Workers and NATSIHWA. Some examples include:

- National Aboriginal Health Plan consultations
- NSW Social Emotional Wellbeing Workforce Support Unit Forum (based at AH&MRC) Wagga Wagga area in which our Members and potential Members are working.
- Participant at the National Rural Health Conference, April 2013
- Close the Gap Canberra March 2013 - co-hosted a community and service provider event locally in Canberra with Indigenous Allied Health Australia that featured the work of Aboriginal and Torres Strait Islander Health Workers and NATSIHWA.

SUPPORTING YOU

NATSIHWA operations

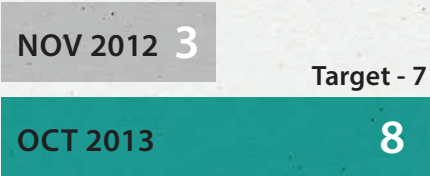
No professional association can operate without a strong back office, dedicated staff and tools and procedures to good governance and operations.

In 2012/13 NATSIHWA achieved the following:

- Continued recruitment of all budgeted positions
- Obtaining funding for Caring for Our Mob Symposium
- Successful funding application for Partnership and Innovation Project Officer
- Further enhancing telecommunications and IT infrastructure
- Further improving our membership databases, financial management and accounting processes
- Recruitment of new Board members representing South Australia and Australian Capital Territory
- Improving the evaluation of what we are doing through an evaluation and monitoring framework
- Developing policies and procedures to support our financial management and delegations manual developed
- Planning for ISO accreditation in 2014

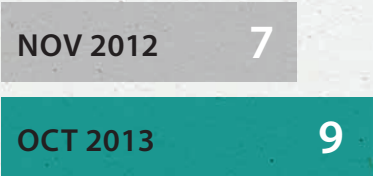
IMPROVING THE OPERATIONS OF YOUR NATSIHWA

Staff numbers recruited

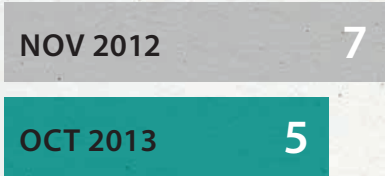


IMPROVING THE GOVERNANCE OF YOUR NATSIHWA

NATSIHWA Board members



NATSIHWA Board meetings held





Did you know...

NATSIHWA has been advocating on your behalf with the Australian Government Department of Health and Ageing, Department of Human Services and the National eHealth Transition Authority.

While Aboriginal and Torres Strait Islander Health Practitioners are able to upload Shared Health Summaries to the National eHealth record systems, Aboriginal and Torres Strait Islander Health Workers not registered under AHPRA have no access to this system.

Our successful lobbying now means that any full member of NATSIHWA, regardless of their registration with AHPRA, can apply for access to the electronic health record system. Over time this will provide better health information for our Aboriginal and Torres Strait Islander clients.

Contact us for more information of how to apply for access for the National eHealth record system.

NATSIHWA Caring for Our Mob Cultural Safety Symposium

Discussions with NATSIHWA members have particularly highlighted the difficulties they face delivering culturally safe healthcare, when they do not work within a culturally safe environment.

The issue of the role and responsibilities of Aboriginal and Torres Strait Health Workers not being fully understood and respected in the healthcare system was identified as a key factor in establishing and sustaining an effective and functioning multidisciplinary healthcare team.

The NATSIHWA Cultural Safety forums held in Alice Springs, Adelaide and Brisbane mark the culmination of a process that was designed to prepare a draft NATSIHWA Cultural Safety Framework.

The Cultural Safety Framework will be launched at the NATSIHWA National Conference In 2014.

"I'M FEELING VERY REWARDED AND APPRECIATED FOR THE WORK THAT I DO IN MY COMMUNITY, IT FEELS GREAT TO RECEIVE RECOGNITION FOR ALL THE HARD WORK THAT I DO, AND CONTINUE TO DO,"

LEONIE MORCOMBE – NATSIHWA MEMBER AND DEADLY HEALTH WORKER 2013

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2013.

DIRECTORS

The names of the directors in office at any time during or since the end of the financial year are:

Bradley Freeburn	Clarke Scott
Patrick Ahkit	Therese M Williams
Christine Ingram	Jennifer Ketchell
Jennifer Poelina	Yancy Laifo
Candy Bartlett	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

OBJECTIVES

- Objective 1:** To increase awareness of NATSIHWA as the peak body for the ATSIHW profession.
- Objective 2:** To strength the quality and effectiveness of professional support for members.
- Objective 3:** To strength the effectiveness of our relationships with external stakeholders.
- Objective 4:** To strength our leadership in advocating on behalf of ATSIHWs.

STRATEGY FOR ACHIEVING THE OBJECTIVES

Objective 1:

- Promote public understanding of the definition of an ATSIHW and NATSIHWA member eligibility.
- Develop and implement a national membership recruitment campaign.

Objective 2:

- Provide up to date and relevant professional information through a variety of formats on a consistent basis, including matters such as:
 - NATSIHWA activities
 - Current national policy and initiatives
 - National registration and accreditation
 - Scope of practice
 - Provide input into educational events, resources and learning opportunities for ATSIHWs that contribute to their professional development.
 - Encourage and support the development of discipline-specific networking for ATSIHWs in liaison with other key stakeholders.
 - Explore the viability of establishing state and territory branches of NATSIHWA.
 - Facilitate professional networking among members in liaison with other key stakeholders.

Objective 3:

- Develop and implement a public relations strategy aimed at a broad range of external stakeholders that:
 - Markets NATSIHWA's identity and role.
 - Fosters regular, transparent and respectful communication with external stakeholders.
 - Enables NATSIHWA participation in external stakeholder activities.
 - Facilitates mutual support and shared visions for the ATSIHW profession.
 - Identify and create opportunities for cooperation and collaboration with relevant stakeholders who support NATSIHWA initiatives.

Objective 4:

- Collaborate with relevant stakeholders in articulating and promoting the scope of practice of ATSIHWs (noting jurisdictional implications)
 - Promote the benefits of employing and supporting ATSIHWs across the health sectors.
 - Represent and participate in policy and planning committees and working groups addressing ATSIHW workforce business.
 - Advocate for appropriate ATSIHW education, training and professional development.
 - Represent and participate in reviews of ATSIHW education and training.

Principal Activity

- The principal activity of the company during the financial year was to promote and develop Aboriginal and Torres Strait Islander Health Workers through advocacy on workforce issues including recruitment and retention strategies, accreditation and registration and appropriate education. Training and development needs.
- No significant change in the nature of these activities occurred during the year.

DIRECTORS' REPORT (Continued)

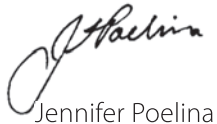
MEETINGS OF DIRECTORS

DIRECTORS' MEETINGS		
DIRECTORS	Number eligible to attend	Number attended
Bradley Freeburn	5	5
Christine Ingram	5	5
Jennifer Poelina	5	5
Clarke Scott	5	5
Patrick Ahkit	5	0
Yancy Laifo	5	3
Theresa Williams	3	1
Jennifer Ketchell	5	4
Candy Bartlett	5	4

CONTRIBUTIONS ON WIND UP

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of \$10.00 towards meeting any outstanding obligations. At 30 June 2013, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$5,800.

Director



Jennifer Poelina

Treasurer



Christine Ingram

Dated: 10th October 2013

INDEPENDENT AUDITOR'S REPORT



RSM Bird Cameron Partners
Level 1, 103-105 Northbourne Avenue Canberra ACT 2601
GPO Box 200 Canberra ACT 2601
T +61 2 6247 5988 F +61 2 6247 3703
www.rsmil.com.au

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED

We have audited the accompanying financial report of National Aboriginal and Torres Strait Islander Health Workers Association ("the company"), which comprises the statement of financial position as at 30 June 2013, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of National Aboriginal and Torres Strait Islander Health Workers Association, would be in the same terms if given to the directors as at the time of this auditor's report.

4

Major Offices in:
Perth, Sydney, Melbourne,
Adelaide and Canberra
ABN 36 965 185 036

RSM Bird Cameron Partners is a member of the RSM network. Each member of the RSM network is an independent accounting and advisory firm which practises in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.



INDEPENDENT AUDITOR'S REPORT (Continued)



Opinion

In our opinion the financial report of National Aboriginal and Torres Strait Islander Health Workers Association is in accordance with the *Corporations Act 2001*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

RSM Bird Cameron Partners

RSM Bird Cameron Partners

G M Stenhouse

G M STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated:

AUDITOR'S INDEPENDENCE DECLARATION



RSM Bird Cameron Partners
Level 1, 103-105 Northbourne Avenue Canberra ACT 2601
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www.rsmi.com.au

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of National Aboriginal and Torres Strait Islander Health Workers Association Limited for the year ended 30 June 2013, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

RSM Bird Cameron Partners

RSM Bird Cameron Partners

G M Stenhouse

G M STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated:

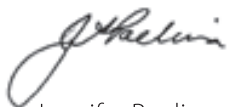
DIRECTORS DECLARATION

THE DIRECTORS OF THE COMPANY DECLARE THAT:

1. The financial statements and notes, as set out on pages 8 to 20 is in accordance with the Corporations Act 2001 and:
 - a. comply with Accounting Standards; and
 - b. give a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Director.

Director



Jennifer Poelina

Dated: 10th October 2013

STATEMENT OF COMPREHENSIVE INCOME

	Note	2013 \$	2012 \$
Revenue	2	1,328,593	651,666
Employee benefits expense		(458,435)	(195,716)
Depreciation and amortisation expenses	3	(9,867)	(5,332)
Travel		(218,677)	(153,180)
Consultants	13	(305,607)	(64,987)
Rent		(52,243)	(31,764)
Membership		(83,296)	-
Accounting		(55,050)	(43,484)
Other expenses		(145,418)	(157,203)
CURRENT YEAR SURPLUS		-	-
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME		-	-

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2013

	Note	2013 \$	2012 \$
CURRENT ASSETS			
Cash and cash equivalents	9a	268,897	203,998
Trade and other receivables	5	43,790	38,595
TOTAL CURRENT ASSETS		312,687	242,593
NON-CURRENT ASSETS			
Property, plant and equipment	6	31,750	49,952
TOTAL NON-CURRENT ASSETS		31,750	49,952
TOTAL ASSETS		344,437	292,545
CURRENT LIABILITIES			
Trade and other payables	7	122,491	22,102
Provisions	8	36,771	12,967
Grants in advance		152,172	224,473
TOTAL CURRENT LIABILITIES		311,434	259,542
TOTAL LIABILITIES		311,434	259,542
NET ASSETS		33,003	33,003
EQUITY			
Retained earnings		33,003	33,003
TOTAL EQUITY		33,003	33,003

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2013

	Retained Earnings \$	Total \$
Balance at 1 July 2011	33,003	33,003
Surplus from operations	-	-
Balance at 30 June 2012	33,003	33,003
Surplus from operations	-	-
Balance at 30 June 2013	33,003	33,003

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Grants Received		1,114,385	712,314
Cultural safety framework		109,256	-
Payments to suppliers and employees		(1,157,304)	(821,642)
Interest Received		462	2,641
Net cash (used in) operating activities	9b	66,799	(106,687)
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed asset purchases		(1,900)	(46,459)
Payment for bank guarantee		-	(8,250)
Net cash (used in) investing activities		(1,900)	(54,709)
Net (decrease) in cash held		64,899	(161,396)
Cash at beginning of year		203,998	365,394
Cash at end of year	9a	268,897	203,998

NOTES TO THE FINANCIAL STATEMENTS

The financial statements cover National Aboriginal and Torres Strait Islander Health Workers Association as an individual entity. National Aboriginal and Torres Strait Islander Health Workers Association is a company incorporated under the Corporations Act 2001.

NOTE 1:
STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, (including Australian Accounting Interpretations) and the Corporations Act 2001.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Accounting Policies

a. Income Tax

The Corporation is exempt from income tax under subdivision 50-B of the Income Tax Assessment Act 1997.

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

Plant and Equipment

Plant and equipment is measured on the cost basis and is therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount.

Subsequent costs are included in the asset’s carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in profit or loss during the financial period in which they are incurred.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset’s useful life commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable asset are:

Class of Fixed Asset	Depreciation Rate
Fixtures & Fittings	10-20%
Office Equipment	10-15%
Computer Equipment	10-25%

The assets’ residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

c. Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified ‘at fair value through profit or loss’, in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

NOTES TO THE FINANCIAL STATEMENTS (Continued)

(i) *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

(ii) *Financial liabilities*

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Impairment

At the end of each reporting period, the association assesses whether there is objective evidence that a financial instrument has been impaired.

Derecognition

Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party, whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

d. Impairment of Assets

At the end of each reporting period, the association assesses whether there is any indication that an asset may be impaired. The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of that asset, being the higher of the asset's fair value less costs to sell and its value-in-use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is immediately recognised in profit or loss.

e. Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields

on national government bonds with terms to maturity that match the expected timing of cash flows.

f. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

g. Revenue

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant revenue is recognised upon the incurrence of the obligation to meet an expense to which the purpose of the grant relates.

All revenue is stated net of the amount of goods and services tax (GST).

h. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

i. Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Where the company has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

NOTES TO THE FINANCIAL STATEMENTS (Continued)

j. New standards and interpretations issued but not yet effective

Ref.	Title	Summary	Application date (financial years beginning)	Expected Impact
AASB 9	Financial Instruments	Replaces the requirements of AASB 139 for the classification and measurement of financial assets. This is the result of the first part of Phase 1 of the IASB's project to replace IAS 39.	1 January 2015	Minimal impact
2009-11	Amendments to Australian Accounting Standards arising from AASB 9	Amends AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12 as a result of the issuance of AASB 9.	1 January 2015	Minimal impact
2010-7	Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)	Amends AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127 for amendments to AASB 9 in December 2010	1 January 2015	Minimal impact
2011-7	Amendments to Australian Accounting Standards arising from AASB 10, 11, 12, 127, 128	Amends AASB 1, 2, 3, 5, 7, 9, 2009-11, 101, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 & 1038 and Interpretations 5, 9, 16 & 17 as a result of the issuance of AASB 10, 11, 12, 127 and 128	1 January 2013 (for-profit) / 1 January 2014 (Not For Profit)	Minimal impact
AASB 13	Fair Value Measurement	Provides a clear definition of fair value, a framework for measuring fair value and requires enhanced disclosures about fair value measurement.	1 January 2013	Minimal impact
2011-8	Amendments to Australian Accounting Standards arising from AASB 13	Amends AASB 1, 2, 3, 4, 5, 7, 9, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 & 132 as a result of issuance of AASB 13 Fair Value Measurement.	1 January 2013	Minimal impact
AASB 119	Employee Benefits	The amendments to this Standard eliminates the option for defined benefit plans to use the corridor approach to defer the recognition of actuarial gains and losses and introduce enhanced disclosures about defined benefit plans. The amendments also incorporate changes to the accounting for termination benefits.	1 January 2013	Minimal impact
2011-10	Amendments to Australian Accounting Standards arising from AASB 119	Amends AASB 1, 8, 101, 124, 134, 1049, 2011-8 & Interpretation 14 as a result of the issuance of AASB 119 Employee Benefits.	1 January 2013	Minimal impact
AASB 1053	Application of Tiers of Australian Accounting Standards	This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements.	1 July 2013	Disclosure only
2012-6	Amendments to Australian Accounting Standards – Mandatory Effective Date of AASB 9 and Transition Disclosures	This Standard amends the mandatory effective date of AASB 9 Financial Instruments so that AASB 9 is required to be applied for annual reporting periods beginning on or after 1 January 2015 instead of 1 January 2013.	1 January 2013	Minimal impact

NOTES TO THE FINANCIAL STATEMENTS (Continued)

	2013 \$	2012 \$
NOTE 2: REVENUE		
Operating activities		
DoHA Funding	1,217,495	649,025
Cultural safety framework	110,636	-
Total operating activities	1,328,131	649,025
Interest received	462	2,641
Total revenue	1,328,593	651,666

NOTE 3: PROFIT FROM OPERATIONS

Profit from ordinary activities before income tax expense has been determined after.

Expenses:

Depreciation of property, plant and equipment	9,867	5,332
Operating lease payments	31,641	31,764

NOTE 4: AUDITORS' REMUNERATION

Remuneration of the auditor for:

Audit or reviewing the financial report	7,000	6,500
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NOTE 5: TRADE AND OTHER RECEIVABLES

Trade debtors	8,150	4,529
Less: Provision for doubtful debts	-	(4,529)
Prepayments	19,354	30,145
Bonds	16,286	8,450
	43,790	38,595

NOTE 6: PROPERTY, PLANT AND EQUIPMENT

Fixtures and fittings – at cost	5,790	11,710
Less accumulated depreciation	(940)	(291)
	4,850	11,419
Office equipment – at cost	15,409	16,414
Less accumulated depreciation	(2,357)	(846)
	13,052	15,568
Computer equipment – at cost	21,545	29,427
Less accumulated depreciation	(7,697)	(6,462)
	13,848	22,965
	31,750	49,952

a. Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year

NOTES TO THE FINANCIAL STATEMENTS (Continued)

NOTE 6: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

	Furniture and Fittings \$	Office Equipment \$	Computer Equipment \$	Total \$
Balance at the 1 July 2011	324	-	8,501	8,825
Additions	11,350	16,414	18,696	46,460
Depreciation expense	(255)	(846)	(4,232)	(5,333)
Balance at the 30 June 2012	11,419	15,568	22,965	49,952
Additions	-	1,900	-	1,900
Transfer to statement of comprehensive income	(5,253)	(2,275)	(2,707)	(10,235)
Depreciation expense	(1,316)	(2,141)	(6,410)	(9,867)
Balance at the 30 June 2013	4,850	13,052	13,848	31,750

	2013 \$	2012 \$
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NOTE 7: TRADE AND OTHER PAYABLES

Trade Creditors	96,971	797
Accruals	9,500	7,480
Other Payables	16,020	13,825
	122,491	21,102

NOTE 8: PROVISIONS

Annual Leave	36,771	12,967
	36,771	12,967

NOTE 9: CASH FLOW INFORMATION

a. Reconciliation of Cash

Cash on hand	500	-
Cash at bank	268,397	203,998
	268,897	203,998

b. Reconciliation of cash flow from by Operating Activities with current year surplus.

Surplus:	-	-
Non-cash flows in profit from ordinary activities:		
Depreciation	9,867	5,332
Other non-cash items	10,235	-
Changes in assets and liabilities:		
(Increase)/Decrease in receivables	(5,195)	195,730
Increase/(Decrease) in creditors	100,389	(244,752)
Increase/(Decrease) in Provisions	23,804	(74,336)
Increase/(Decrease) in grants in advance	(72,301)	11,339
Net cash provided by operating activities	66,799	(106,687)

NOTES TO THE FINANCIAL STATEMENTS (Continued)

	2013 \$	2012 \$
NOTE 10: COMMITMENTS		
Operating lease commitments payable		
- not later than one year	32,610	31,660
- later than one year, but no later than 5 years	57,363	89,973
Total operating lease liability	89,973	121,633

NOTE 11: RELATED PARTIES TRANSACTIONS

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

Transactions with related parties:

	Salary & Fees \$	Superannuation contributions \$	Total \$
i. Key Management Personnel			
2013	131,050	11,794	142,844
Total compensation	131,050	11,794	142,844
2012	123,246	11,092	134,338
Total compensation	123,246	11,092	134,338

NOTES TO THE FINANCIAL STATEMENTS (Continued)

NOTE 12: FINANCIAL INSTRUMENTS

Interest Rate Risk

The association's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities is as follows:

	Weighted Average Effective Interest Rate		Floating interest rate		Non-interest bearing		Total	
	2013	2012	2013	2012	2013	2012	2013	2012
	%	%	\$	\$	\$	\$	\$	\$
Financial Assets								
Cash	0.1	0.1	268,397	203,998	500	-	268,897	203,998
Receivables & others	3.6	3.8	16,086	8,250	27,704	30,345	43,790	38,595
Total financial assets			284,483	212,248	28,204	30,345	312,687	242,593
Financial Liabilities								
Payables	-	-	-	-	311,434	259,543	311,434	259,543
Total financial liabilities			-	-	311,434	259,543	311,434	259,543

Credit Risk The association is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk at reporting date in relation to each class of recognised financial assets is the carrying amount of those assets as indicated in the Balance Sheet.

Liquidity Risk The association's financial liabilities are trade and other creditors. The exposure to liquidity risk is based on the notion that the association will encounter difficulty in meeting its obligations associated with financial liabilities. This is highly unlikely due to the nature of the business and sufficient cash reserves.

Market Risk The association holds basic financial instruments that are not expose it to certain market risks. The association is not exposed to 'interest rate risk', 'currency risk' or 'other price risk' other than what is stated above.

NOTE 13: CONSULTANT EXPENSE

Includes consultants fees for Development of Caring for Our Mob – Cultural Safety Framework.

NOTE 14: ECONOMIC DEPENDENCE

Economic dependence exists where the normal trading activities of a company depends upon a significant Volume of business. The National Aboriginal and Torres Strait Islander Health Workers Association Limited is dependent on grants from the Department of Health and Aging to carry out its normal activities.

NOTE 15: ASSOCIATION DETAILS

The principal place of business of the Corporation is:

National Aboriginal and Torres Strait Islander Health Workers Association
Suite 2, Level 1, 31-37 Townshend Street
PHILLIP ACT 2606

No matter or circumstance has arisen since 30 June 2013 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

NOTE 16: EVENTS OCCURRING AFTER THE REPORTING DATE

No matter or circumstance has arisen since 30 June 2013 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.





NATSIHWA

**National Aboriginal and Torres Strait
Islander Health Worker Association**

If you would like to know more about NATSIHWA's
activities please visit our website:
www.natsihwa.org.au
1800 200 800

**National Aboriginal and Torres Strait Islander
Health Workers Association Limited**

Suite 2, Level 1, 31-37 Townshend Street
PHILLIP ACT 2606

ABN 61 138 748 697