

Application for appointment to a Class B cemetery trust

Important: Please ensure you have read the '*Application guidelines for appointment to a Class B cemetery trust*' as you are required to agree to these application terms when signing this form.

Applicants ***must*** complete all fields in Parts A-E on this application form.

PART A – Applicant details

Name of cemetery trust:			
Title:	First name:	Middle name:	Surname:
Home Ph:	Work Ph:	Mobile:	
Email: <i>(Department's preferred method of contact when writing to trust members/secretaries)</i>			
Residential Address:			
Suburb:	State:	Postcode:	
Postal Address (if different to above):			
Suburb:	State:	Postcode:	
Date of Birth:	/	/	<input type="checkbox"/> Prefer not to say
Gender:	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Self-described as: <input type="checkbox"/> Prefer not to say
Do you identify as:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Prefer not to say
Do you have a disability? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Were you or your parents born overseas? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you speak a language other than English at home? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you have a culturally and linguistically diverse family background? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Are you directly related to any current trust members or other applicants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Note: Directly related family members are defined as husband, wife, domestic partner, parent, child or sibling. If you answer 'Yes', please complete the questions below:			
Name/s of directly related trust members/applicants:			
Relationship to trust members/applicants:			

PART B – Skills and experience

Qualifications/education:			
Skills and experience (check all that apply):			
<input type="checkbox"/> Business management	<input type="checkbox"/> Education/training	<input type="checkbox"/> Health	<input type="checkbox"/> Law
<input type="checkbox"/> Carer	<input type="checkbox"/> Farming	<input type="checkbox"/> Hospitality/tourism	<input type="checkbox"/> Media
<input type="checkbox"/> Clerical/administration	<input type="checkbox"/> Finance/audit	<input type="checkbox"/> Human/capital resource	<input type="checkbox"/> Public finance/economics
<input type="checkbox"/> Commerce/banking	<input type="checkbox"/> Government	<input type="checkbox"/> Information technology	<input type="checkbox"/> Retail
<input type="checkbox"/> Community (please specify):			<input type="checkbox"/> Transport
<input type="checkbox"/> Trade (please specify):			
<input type="checkbox"/> Funeral sector (other than being a cemetery trust member, please specify):			
<input type="checkbox"/> Other (please specify):			

PART C – Employment details

Please provide all applicable employment details below. Note - If you are retired or not employed, please provide details of your previous employment:

Employed full-time Employed part-time Retired Not employed

Current employer:

Position title:

Length of service:

Previous employer:

Position title:

Length of service:

PART D – Referees *(You are required to provide referee details if you are a new applicant or if you are seeking reappointment 12 months or more since your previous term as a trust member ended)*

Referee 1 Name:

Telephone number:

Referee 2 Name:

Telephone number:

PART E – Applicant’s declaration and signature

- By signing below, I hereby acknowledge that I have read the ‘Application guidelines for appointment to a Class B cemetery trust and agree to the terms therein.
- I declare that the information I have provided in this form is true and correct.

Applicant’s name:

Applicant’s signature:

Date: / /

Part F (if applicable) and Part G are to be completed by the trust chairperson or *authorised person

Note: If the applicant is the trust chairperson or is directly related to the trust chairperson Parts F and G should be completed by an *authorised person, being an unrelated current trust member or current trust secretary.

PART F – Directly related family members

Only complete if the applicant has indicated in Part A that they are ‘directly related’ to a trust member or applicant.

The applicant has indicated they are directly related to a trust member/applicant in Part A: Yes

If ‘Yes’, the trust endorses the applicant for appointment for the following reasons (check all that apply)

- The applicant has applicable skills and experience
- The applicant represents the diversity of the local community
- Succession planning
- The trust has not received sufficient interest from the wider community
- The trust does not have enough members to operate effectively
- Other (please state):

Has the trust decided not to endorse any other applications received? Yes Not applicable

If Yes, why?

Do all trust members support this application? Yes No

If no, why not?

PART G – Chairperson’s declaration

At least one referee check for the applicant has been completed to the satisfaction of the trust:

This is **mandatory** for all new applicants who have not been appointed to the trust before, and all former members who are seeking reappointment more than 12 months since their previous term of appointment ended.

Note: If the applicant is directly related to the trust chairperson or the chairperson is the applicant, please have an *authorised person’ being an unrelated, current trust member or trust secretary, sign this application form.

Chairperson’s (or *authorised person’s) name:

Chairperson’s (or *authorised person’s) signature:

Date: / /