

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*' (the application guidelines) 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 street 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?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, please specify:				
Were you or your parents born overseas?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, please specify:				
Do you speak a language other than English at home?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, please specify:				
Do you have a culturally and linguistically diverse family background?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, please specify:				
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 – Employment, skills and experience

Skills and experience (check all that apply):			
<input type="checkbox"/> Business management	<input type="checkbox"/> Education/training	<input type="checkbox"/> Hospitality/tourism	<input type="checkbox"/> Public finance/economics
<input type="checkbox"/> Carer	<input type="checkbox"/> Farming	<input type="checkbox"/> Human/capital resource	<input type="checkbox"/> Retail
<input type="checkbox"/> Clerical/administration	<input type="checkbox"/> Finance/audit	<input type="checkbox"/> Information technology	<input type="checkbox"/> Trade
<input type="checkbox"/> Commerce/banking	<input type="checkbox"/> Government	<input type="checkbox"/> Law	<input type="checkbox"/> Transport
<input type="checkbox"/> Community	<input type="checkbox"/> Health	<input type="checkbox"/> Media	
<input type="checkbox"/> Other (please specify):			
Are you currently working in a profession related to the cemetery sector?			
Examples include funeral director, celebrant, gravedigger, stonemason, plaque manufacturer, florist.			
<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, what is your position title: – If yes, what is the name of your employer/business:			
Note: Working in a profession related to the cemetery sector may require a conflict of interest management plan			

PART C – Conflicts of interest

A conflict of interest is a conflict between your duty as a trust member and your private interests. Applicants who may have a conflict must discuss the circumstances with the trust. Applicants with a conflict of interest will be required to enter into a conflict of interest management plan if appointed. Refer to the application guidelines for more information.

Do you have a potential conflict of interest? ☐ Yes ☐ Unsure ☐ No – If no, please go to Part D

If you have ticked 'Yes' or 'Unsure' please discuss your relevant circumstances with the trust before proceeding. If the trust agrees you have a potential conflict of interest, please describe the nature of the conflict:

☐ I have discussed conflicts of interest with the trust

☐ I agree to enter into a conflict of interest management plan if appointed

PART D – Referees *(You are required to provide referee details if you are a new applicant or if you are seeking reappointment 18 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 name:

Applicant signature:

Date: / /

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

Note: If the applicant is the trust chairperson or is directly related to the trust chairperson, Parts F and G should be completed by a trust delegate*, 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?

- ☐ Not applicable ☐ Yes - If yes, why?

Do all trust members support this application?

- ☐ Yes ☐ No - If no, why?

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 18 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 a 'trust delegate' (current trust member or secretary not related to the applicant) sign the declaration below.

Chairperson / trust delegate name:

Chairperson / trust delegate signature:

Date: / /