

Application for appointment to a Class B cemetery trust

Applicants **must** read the [Application guidelines for appointment to a Class B cemetery trust](#) (the application guidelines). Applicants **must** complete all fields in Parts A-E on this application form.

PART A – Applicant details

How did you hear about this role?		<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Join a Public Board website	<input type="checkbox"/> Notice board		
		<input type="checkbox"/> Other (please specify):				
Name of cemetery trust you are applying to:						
Title:	First name:	Middle name:	Surname:			
Home Ph:		Work Ph:	Mobile:			
Email:						
Note: Email is the department's preferred method of contact						
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"/> Non-binary	<input type="checkbox"/> Other (please specify):	<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 identify as LGBTQI+?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a person with disability?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Were you born overseas?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, please specify country:						
Were your parent/s born overseas?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, please specify each parent's country:						
Do you identify as being culturally or linguistically diverse?				<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?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, please specify language/s:						
Are you directly related to any current trust members or other applicants?						
Note: Directly related family members are defined as husband, wife, domestic partner, parent, child or sibling.						
<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, provide name/s of directly related trust members/applicants:						
– If yes, what is your 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 'Yes' or 'Unsure' please discuss your relevant circumstances with the trust before proceeding.
- If the trust confirms you have a potential conflict of interest, describe the nature of the conflict:

As discussed with the trust, I agree to enter into a conflict of interest management plan if appointed.

PART D – Referees (Note: 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:
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Referee 2 Name:	Telephone number:
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PART E – Applicant's declaration and signature

- By signing below, I hereby acknowledge that I have read the application guidelines 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 chairperson is unavailable or is the applicant, or the applicant is directly related to the chairperson, Parts F and G should be completed by a 'trust delegate' (current trust member or secretary not related to the applicant).

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):

If 'Yes', has the trust decided not to endorse any other applications received?

- Not applicable
- Yes - If yes, why?

PART G – Chairperson's declaration

Note: If the chairperson is unavailable or is the applicant, or the applicant is directly related to the chairperson, a 'trust delegate' (current trust member or secretary not related to the applicant) should sign the declaration below.

1. Have all trust members voted on this application? Yes No – If no, why?

2. If 'Yes', do all trust members support this application? Yes No – If no, why?

3. Has at least one satisfactory referee check for the applicant has been conducted? Yes Not applicable

Note: This is mandatory for all new applicants to the trust, and former members who are seeking reappointment more than 18 months since their term has lapsed.

DECLARATION: The trust endorses this application and nominates the applicant for appointment to the trust.

Please place a tick against your position, print your name, sign and enter the date:

I am the Chairperson or I am the Trust delegate

Print name:

Sign here:

Date: / /