

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:

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 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: / /