Applicants **must** read the [Application guidelines for appointment to a Class B cemetery trust](https://www.health.vic.gov.au/cemeteries-and-crematoria/class-b-cemetery-trust-appointments) (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? [ ]  Word of mouth [ ]  Join a Public Board website [ ]  Newspaper ad [ ]  Other |
| 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: |      /    /      |   |   | [ ]  Prefer not to say |
| Gender: |  [ ]  Man  |  [ ]  Woman | [ ]  Non-binary | [ ]  Other (please specify):       | [ ]  Prefer not to say |
| Do you identify as: [ ]  Aboriginal | [ ]  Torres Strait Islander | [ ]  Both |  [ ]  Neither  | [ ]  Prefer not to say |
| Do you identify as LGBTQI+? |  | [ ]  Yes |  [ ]  No  | [ ]  Prefer not to say |
| Do you identify as a person with disability? | [ ]  Yes |  [ ]  No  | [ ]  Prefer not to say |
| Were you born overseas?  | [ ]  Yes |  [ ]  No | [ ]  Prefer not to say |
| If yes, please specify country:       |
| Were your parent/s born overseas?  | [ ]  Yes |  [ ]  No | [ ]  Prefer not to say |
| If yes, please specify each parent’s country:       |
| Do you identify as being culturally or linguistically diverse? | [ ]  Yes |  [ ]  No  | [ ]  Prefer not to say |
| Do you speak a language other than English at home? | [ ]  Yes |  [ ]  No | [ ]  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.*   |
| [ ]  No [ ]  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):  |
| [ ]  Business management | [ ]  Education/training | [ ]  Hospitality/tourism | [ ]  Public finance/economics |
| [ ]  Carer | [ ]  Farming | [ ]  Human/capital resource | [ ]  Retail |
| [ ]  Clerical/administration | [ ]  Finance/audit  | [ ]  Information technology | [ ]  Trade |
| [ ]  Commerce/banking | [ ]  Government  | [ ]  Law | [ ]  Transport  |
| [ ]  Community | [ ]  Health | [ ]  Media |  |
| [ ]  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.  |
| [ ]  No [ ]  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* |

|  |
| --- |
| 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 C – Conflicts of interest**

**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?       |
| **If ‘Yes’, do all trust members support this application?**   |
| [ ]  Yes  |  [ ]  No - If no, why?       |

**PART G – Chairperson’s declaration**

|  |
| --- |
| **N*ote:*** *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.* |
| * **At least one satisfactory referee check for the applicant has been conducted by the trust:**

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

 **Version 2025/01**