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  Notice board  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:**    /    / |

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