



Principal Executive Officer
- Declaration and Consent
(in support of a Charitable Collections Licence)
Charitable Collections Act (1946)

- This form is an integral part of any application for, or renewal of, a Charitable Collections Licence, and may also be used to advise of a change in office bearer or director of a licence holder.
- Please complete all parts and print or write clearly in ink and Tick the boxes where appropriate.

Name of Organisation

Your role or designation
e.g Director/Treasurer/
Committee member

Your personal details

Name	Title	Given name/s	Family name or Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you been known by any other names?
(such as name at birth, alias, previous married name) NO YES

If YES:

Other name	Given name/s	Family name or Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for name change

Marriage
 Deedpoll
 Alias
 Aliens Act
 Other

Date of birth Place of birth

Present occupation

Residential Address	No. & Street name	Suburb/town/city	Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone contacts	Work ()	Home/Mobile ()
	<input type="text"/>	<input type="text"/>

Email, if applicable

PLEASE ATTACH YOUR POLICE CLEARANCE
(THE ORIGINAL OR A CERTIFIED COPY)

If you are replacing a former office holder, please provide their details

Title	Given name/s	Family name or Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Commissioner for Consumer Protection
Unit 4, 321 Selby St Nth
Osborne Park, WA 6017
(08) 9282 4373

Postal Address:
Locked Bag 14
Cloisters Square WA 6850

Charities Advice Line

8.30am to 5pm
Monday to Friday
(excluding Public Holidays)
Tel: 08 9282 4373
Fax: 08 9282 4337

Email:
consumer@commerce.wa.gov.au

Country Callers:

1300 304 054
(local call cost)

TTY

Tel: 08 9282 0900

General Advice Line:

1300 304 054
During normal office hours only

Web Site:

www.commerce.wa.gov.au/charities

EXPLANATORY NOTE

Part of the responsibility of the Charitable Collections Advisory Committee is to ensure that all licence holders, and those administering any organisation that holds a licence, are fit and proper persons to deal with public collections monies. To assist with the exercise of this responsibility, all those persons who have been identified as a Principal Executive Officer in the application for a charitable collections licence are required to provide a **POLICE CLEARANCE** certificate with this form, and to authorise the licensing authority to obtain any other information deemed necessary to carry out a "fit and proper" person assessment.

YOUR POLICE CLEARANCE MUST BE NO OLDER THAN SIX MONTHS

Relevant experience

Please describe your previous experience in fundraising or managing public or trust funds:

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 If there is insufficient space here, please attach an annexure labelled "EXPERIENCE".

Authority to obtain information

The undersigned authorises the Commissioner for Consumer Protection (the "Commissioner") and the Department of Commerce (the "Department"), or the persons they may direct, to make such further inquiries as they deem necessary to assess my suitability and fitness to hold, or be associated with an entity seeking to hold, a Charitable Collections Licence under the *Charitable Collections Act (1946)*. This general consent includes specifically authorising the Commissioner and the Department, or the persons they direct, to obtain on my behalf:

- copies of any transcripts from any criminal court, disciplinary board or committee, or interviews or hearings relating to bankruptcy or insolvency, in which I have been a defendant/respondent to proceedings;
- copies of any statement of fact in any criminal proceedings in which I have been a respondent/defendant;
- copies of any decision of any Board in proceedings in which I have been a respondent/defendant;
- historical records of my licence applications, disqualifications or suspensions by any Board or licensing authority in WA or any other State or Territory.

I acknowledge that the Commissioner can use any or all of the information or documentation received pursuant to this authority for the purpose of assessing this application.

Signed: **Date:**

Full Name:
(in block letters)

Statutory Declaration of Principal Executive Officer (person completing form)

I,

(Print Name, Address and Occupation)

sincerely declare as follows: That the particulars given on this form are true and correct and that the attachments hereto are what they purport to be.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act (2005)* at on / / by

(Place of signing)

(Date of signing)

(Signature of declarant)

in the presence of

(Signature of witness - JP or Authorised person)

Name of Witness (printed)

Qualification/ Occupation