

Application for Fundraiser Registration

Fundraising Act 1998

There is no fee to register as a fundraiser.

Are you exempt from the need to be registered?

Before you complete this form you should check to see if you are exempt from the need to register. A full list of exemptions is available at www.consumer.vic.gov.au or by calling 1300 55 81 81. Fundraisers that ONLY use unpaid volunteers and raise less than \$10,000 (gross) per year are included in the exemptions from the need to register.

If you are unsure how the exemptions relate to your circumstances, you should seek your own independent legal advice or contact Consumer Affairs Victoria on 1300 55 81 81.

When to complete this form

You must apply for registration at least **28 days** before conducting any fundraising appeals. Urgent applications can be considered when there are special circumstances. If you seek approval within the required 28 days, you must also provide a letter detailing your special circumstances.

The registration period is for 3 years

Public register

In accordance with the *Fundraising Act 1998*, Consumer Affairs Victoria must maintain a public register that lists all registered fundraisers. This form is divided into two sections. Section 1 contains the information that may be displayed on the public register. The information given in Section 2 and the rest of the form will not be displayed on the public register.

Who should complete this form?

- The director or secretary of the corporation responsible for fundraising, **or**
- The designated person appointed by the incorporated association or unincorporated body responsible for fundraising, **or**
- The sole person conducting fundraising.

Do you need help completing this form?

Please phone 1300 55 81 81 or fax your query to 8684 6350

If you need more space to answer any questions in this form, please attach separate pages and number your answers the same as the question number.

How to lodge this application

Return the original completed form and any attachments by:

Sending it by post to **or**

GPO Box 123
Melbourne VIC 3001

Delivering it to

Consumer Affairs Victoria
113 Exhibition Street
Melbourne VIC 3000

Checklist: Before you lodge this form make sure:

- You have obtained and attached written consent from each beneficiary (other than yourself) named in this application. If you cannot get written consent you must provide a letter explaining why.
- The application has been signed.
- The Police Records Check section has been completed and signed by all relevant persons. This includes the person applying for registration, all appeal managers, and all relevant associates of the fundraiser.
- If you have attached separate pages to answer any questions in this form, you have numbered each answer the same as the question number.
- If you are an incorporated association that was incorporated outside of Victoria you must also complete and attach a 'Responsible Person Consent' form as part of your application. The form is available from www.consumer.vic.gov.au or by calling 1300 55 81 81.

What happens when you lodge your application

You will receive an acknowledgement letter from Consumer Affairs Victoria stating the date your application was received.

You will be deemed registered and can proceed with your fundraising appeal(s) if you do not receive a further response from Consumer Affairs Victoria within 21 days of receiving your application. However, you must conduct the appeal(s) as you detailed in the application. Any variations to the appeal(s) must be agreed to in writing by the Director of Consumer Affairs Victoria.

OR

Within 21 days of Consumer Affairs Victoria receiving your application you will receive either:

1. A consent to the registration but with certain conditions imposed on your appeals, or
2. A request for further information. You must not proceed with any fundraising appeal until the matters raised by Consumer Affairs Victoria have been resolved, or
3. A direction that you are not eligible to be registered and cannot conduct any fundraising appeals.

If you disagree with a decision made by Consumer Affairs Victoria on the registration process, you can appeal to the Victorian Civil and Administrative Tribunal within 28 days of the decision being made.

Consumer Affairs Victoria
113 Exhibition Street Melbourne
(Office hours 8.30am–5.00pm Monday to Friday)
GPO Box 123 Melbourne 3001
Telephone 1300 55 81 81 Fax 8684 6199
www.consumer.vic.gov.au

Privacy

Consumer Affairs Victoria is bound by laws that protect your privacy concerning the collection, use and disclosure of your personal information. Where you do not provide the information required by this form, we may refuse or be unable to process this transaction. We may need to disclose your personal information to other State and Commonwealth agencies. You can request access to your personal information by contacting us. Our privacy statement is available at www.consumer.vic.gov.au



Office use only –
Registration number

Date
received



Application for Fundraiser Registration

Section 1

The information on this page may be shown on the public register

1. Name of fundraiser – the name of the corporation/ incorporated association/ unincorporated body/ individual person(s)

ACN/Association number (if applicable)

Telephone number

Fax number

Victorian address (cannot be a post office box - must be residential or principal place of business or registered office of a corporation)

Postcode

2. Name of public contact person for this fundraiser

Daytime telephone number

Fax number

Victorian address (if different from address given above)

Postcode

3. What category of fundraiser applies to you?

Company Go to question 5.

Unincorporated body Go to question 4.

Individual person(s) Go to question 5.

Incorporated Association Go to question 4.

4. Under the *Fundraising Act 1998*, incorporated associations and unincorporated bodies must nominate a designated person. Provide details of the designated person for this association or unincorporated body.

Name of designated person

Daytime telephone number

Fax number

Victorian address

Postcode

If you are an incorporated association, was the association incorporated outside of Victoria?

No Go to question 5.

Yes You must also appoint a Responsible Person and complete a 'Responsible Person Consent' form as part of this application. This form is available from www.consumer.vic.gov.au or by calling 1300 55 81 81. Go to question 5.

5. Will you be using the services of any other fundraiser to help you conduct or administer appeals?

No Go to question 6.

Yes Provide the details of the other fundraisers (if more than 1, please attach a separate page with the details)

Name of other fundraiser	Address
<input type="text"/>	<input type="text"/>
	Postcode

6. Will you be working on behalf of any other fundraiser to help them conduct or administer appeals?

No Go to question 7.

Yes Provide the details of the other fundraisers (if more than 1, please attach a separate page with the details)

Name of other fundraiser	Address
<input type="text"/>	<input type="text"/>
	Postcode

7. Will you use any money raised from fundraising appeals to pay anyone to help you conduct or administer your fundraising activities. This includes companies, directors, employees, collectors, promoters, telemarketers etc?

No Go to question 8.

Yes What is the estimated percentage of your total appeal proceeds that will be spent on conducting or administering appeals. This includes all costs such as employee salaries, directors fees, payment for collector services, promoters, telemarketers etc

%

Who will you be paying? List all the types of people - for example directors, promoters telemarketers etc

8. Beneficiaries - For each beneficiary you must provide:

- their **name** (including yourself). If you are unable to provide the name of the beneficiary, you must use a description such as the common feature shared by the group of people you are conducting the appeal for (for example, disabled children, blind persons); **or** the specific cause for which you are conducting the appeal (for example, cancer research, save the environment); and
- the **date** you intend to start your appeal; and
- a **letter of consent** from each beneficiary other than yourself. If there is any reason why you cannot provide a consent from the beneficiary, you must attach a letter that explains why.

Name(s) or description of all beneficiaries or causes (please attach a separate page if needed)	Date intended to start appeal	Which letter is attached for this beneficiary?
	/ /	Letter of consent <input type="checkbox"/> No consent reasons <input type="checkbox"/>
	/ /	Letter of consent <input type="checkbox"/> No consent reasons <input type="checkbox"/>

Section 2

The information from this point on will not be displayed on the public register

9. How will the money/benefit raised from appeals be distributed to the beneficiary? For example, money handover, building a rehabilitation centre, buying an x-ray machine. If there is more than one beneficiary please detail who will receive what.

10. Who are the appeal managers for this fundraiser (an appeal manager is a person or corporation who has any managerial or financial responsibility for a fundraising appeal)? (if more than 4, please attach a separate page with the details)

Name of appeal manager	Address

11. Will any of the fundraising appeal money be paid into a financial account of anyone other than the beneficiaries?

No Go to question 12.

Yes Give the details of the financial account (if more than 1, please attach a separate sheet with the details)

Name of financial institution	Account number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address of financial institution	Account name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

12. What activities will you conduct for fundraising? (tick all applicable boxes)

Capital/major gifts <input type="checkbox"/>	Volunteer fundraising <input type="checkbox"/>	Opportunity shops <input type="checkbox"/>	Art exhibition <input type="checkbox"/>
Direct marketing <input type="checkbox"/>	Clothing bins <input type="checkbox"/>	Merchandise sales <input type="checkbox"/>	Auction <input type="checkbox"/>
Telemarketing <input type="checkbox"/>	Sponsored activities <input type="checkbox"/>	Ball/dinner dance <input type="checkbox"/>	Highway/street collections <input type="checkbox"/>
Other (please specify) <input style="width: 70%;" type="text"/>			

If you are unsure about answering yes or no to the following questions, you should check with the person for confirmation.

13. Have you, any appeal manager or any person, company or association who has managerial or financial responsibility for or significant influence over any fundraising appeals ever:

- pleaded guilty to, been convicted of or had a charge proven for an offence capable of being punished by imprisonment for 3 months or more (whether or not a penalty of imprisonment was imposed), or
- been bankrupt within the last 10 years; been subject to any other forms of insolvency administration within the last 10 years, or been externally administered within the last 10 years?

No Go to question 14.

Yes Attach a separate sheet with the name(s) of the person and the details of the offence(s) or insolvency/administration

14. Are you or any fundraising appeal manager a represented person within the meaning of the *Guardianship and Administration Act 1986*?

No Go to 15.

Yes Attach a separate sheet with the name(s) of the person and the details of the guardianship

15. Declaration and signature

I declare that to the best of my knowledge the contents of this Application for Fundraiser Registration are true and correct in every particular. I acknowledge that it is an offence in accordance with section 62 of the *Fundraising Act 1998* to make any false statement or give any false information in an application, notice or other document provided under that Act. I confirm that I have informed all other persons listed in this application about the supply of their details in this application, that Consumer Affairs Victoria will use them to process this application and that they may appear on the public register.

Signature of person making this application

X	Printed name	Date
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Consent(s) for Police Records Check

16. This page must be completed by:

- the person applying for registration
- all appeal managers (an appeal manager is any person who has managerial or financial responsibility for any fundraising appeals)
- any other person (associate) who has significant influence over the management or operation of your fundraising activities (including company directors and managers – eg CEO).

Declaration for police records check

I, the person whose signature is set out below, individually and separately consent to a Victorian Police and other jurisdictions records check. I consent to the release of, to Consumer Affairs Victoria, any findings of guilt either with or without conviction, any matters still outstanding against me and any other matters deemed to be relevant, recorded against my name.

I hereby indemnify the State of Victoria, its servants and agents against all liability and against all proceedings and costs which may be taken or made in respect of the release of any information purporting to, either relate to, or involve me.

If you need to list more than 4 people, please photocopy this page as needed.

Person 1

Full name

Residential address

 Postcode

Date of birth

 / /

Qualification or experience in handling financial accounts (if applic)

Fundraising capacity
(refer to the definitions given above and tick all that apply to you)

- Person applying for registration
 Appeal manager
 Associate who has significant influence

I agree to the above declaration and consent to a Police check

Signature

 X

Person 2

Full name

Residential address

 Postcode

Date of birth

 / /

Qualification or experience in handling financial accounts (if applic)

Fundraising capacity
(refer to the definitions given above and tick all that apply to you)

- Person applying for registration
 Appeal manager
 Associate who has significant influence

I agree to the above declaration and consent to a Police check

Signature

 X

Person 3

Full name

Residential address

 Postcode

Date of birth

 / /

Qualification or experience in handling financial accounts (if applic)

Fundraising capacity
(refer to the definitions given above and tick all that apply to you)

- Person applying for registration
 Appeal manager
 Associate who has significant influence

I agree to the above declaration and consent to a Police check

Signature

 X

Person 4

Full name

Residential address

 Postcode

Date of birth

 / /

Qualification or experience in handling financial accounts (if applic)

Fundraising capacity
(refer to the definitions given above and tick all that apply to you)

- Person applying for registration
 Appeal manager
 Associate who has significant influence

I agree to the above declaration and consent to a Police check

Signature

 X