*Burial and Cremation Act 2019*

Application for Approval to Carry On a Regulated Business

*(*pursuant to section 26 of the *Burial and Cremation Act 2019)*

*(Note: This application and subsequent approval (if provided) only applies to the management of the cemetery detailed in this application.)*

PART 1: APPLICANT INFORMATION

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Business address:

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If applicant is a body corporate please provide full name and position of each office bearer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PART 2: CONTACT INFORMATION

Contact person (if the applicant is a body corporate):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

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Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address:

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PART 3: BUSINESS INFORMATION

Business name:

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Full address of the cemetery:

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Is this existing business? If yes, please provide name and contact details for the current business owner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PART 5: PRIOR CONVICTIONS

Has the applicant or any office bearers of the body corporate been found guilty of the following (regardless of whether the person was convicted)?

An indictable offence? Yes No

An offence of dishonesty, fraud or trafficking? Yes No

Have any allegations of misconduct (relevant to the management or operation of a cemetery, crematorium or regulated business) been made against you (or any office bearers of the body corporate)?

Yes No

 *If you have responded yes to any of the above questions, please attach details.*

PART 6: REGULATED BUSINESS MANAGEMENT PROGRAM

A Regulated Business Program sets out in detail how the manager will meet their duties and obligations under the *Burial and Cremation Act 2019* and the *Burial and Cremation Regulations 2015*.

Submission of the Program allows the Regulator to make an informed assessment as to whether or not an intending manager is a ‘fit and proper’ person. A key part of this assessment is establishing that the intending manager will have appropriate systems, processes and equipment in place to support the appropriate and lawful management of the regulated business.

Below is an outline of the minimum information requirements that need to be included as part of a Regulated Business Program. Regulated businesses vary greatly in the scope of the services they offer. It is important that the intending manager provides clear detail of the exact scope of the proposed business operations, including their intentions about how they will manage and deliver all aspects of their business

|  |  |  |
| --- | --- | --- |
| Regulated business Responsibility  | Regulation  | Regulated business Program – Minimum Requirements  |
| *1. Handling, storage or transport of human remains*  | Reg 14-24  | A detailed description of how the proposed manager of the regulated business will meet all of their relevant obligations for the handling, movement, transportation and storage of human remains, having regard to: a) the removal and replacement of an identification tag; b) public health and safety; c) the security and dignity of the human remains; d) the cleaning and disinfection of any place, premises or equipment; e) the provision of protective clothing and cleaning equipment; f) the provision of information on infectious hazards to employees; g) the standard and type of a vehicle used for the transportation of the human remains; h) the storage of human remains, including maintaining human remains at a temperature not exceeding 5 degrees Celsius. This section of the Program should include any relevant information or evidence of the intending manager’s demonstrated previous experience in relation to handling, storing and transporting human remains OR, if no relevant experience, then details of any expert support or services the manager intends to engage.  |
| 2. Preparation of human remains for interment or cremation  | Reg 25-26  | A detailed description of how the proposed manager of the regulated business will meet all of their relevant obligations in the preparation of human remains for interment or cremation, including: a) the construction of coffins ensuring its robustness and imperviousness; and b) identification requirements on coffin. This section of the Program should include any relevant information or evidence of the intending manager’s demonstrated previous experience in relation to preparing human remains for interment or cremation OR, if no relevant experience, then details of any expert support or services the manager intends to engage to meet their obligations.  |
| *3. Public Health and Safety*  |  | A detailed description of how public health and public safety risks will be managed. In this section, the intending manager should provide details of any active or prospective insurance policies.  |

PART 7: DOCUMENTS CHECKLIST

Please ensure the following documents are attached to your application:

A current (no more than 3 months old) National Police Record Check (for the applicant, or if the applicant is a body corporate, all office bearers)

Completed *Regulated Business Program*

Receipt for payment of the application fee

*Please note the Regulator may request further information if required.*

PART 8: DUE DILIGENCE

Have you read and understood the relevant provisions of the *Burial and Cremation Act 2019* and *Burial and Cremation Regulations 2015* as they relate to the role, duties and obligations of a person carrying on a regulated business?

Yes No

Have you received legal advice that there are no impediments to you carrying on a regulated business?

Yes No

PART 9: DECLARATION

I confirm that the information contained in this application is true and correct:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that penalties apply for providing false or misleading information in making an application under the *Burial and Cremation Act 2019.*