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| Application for WA Charitable Collections Licence |
| *Charitable Collections Act 1946* |

**Application information sheet**

**Organisations that wish to collect money or goods from the Western Australian public for charitable purposes must be licenced under the *Charitable Collections Act 1946* (the Act).**

**Charitable purposes requiring a licence**

The purposes for which a licence is required include:

* the relief of the sick, infirm, incurable, poor, destitute, helpless or unemployed people or their dependants;
* the relief of distress caused by war, and the support of people who have been members of the armed forces;
* the support of hospitals, infant health centres, and other activities of a social or welfare character;
* animal welfare, conservation and environmental causes; or
* any benevolent, philanthropic or patriotic purpose.

**Who can apply for a licence**

Licences are only granted to bodies such as incorporated associations, limited companies or the trustees of a charitable trust. Individuals or unincorporated groups intending to collect money for a charitable purpose will need to make arrangements to [fundraise under the authority of an existing licence holder](https://www.commerce.wa.gov.au/consumer-protection/fundraising-under-another-licence).

**Information you will need to provide with form**

The application form requests information about the organisation, its charitable purposes and the collection activities it intends to undertake. It will be necessary to provide copies of the organisation’s:

* certificate of incorporation or registration and governing documents (rules/constitution or trust deed). This information is not required for organisation’s incorporated under the *Associations Incorporation Act 2015* (WA);
* latest financial report including an income and expenditure statement and balance sheet (not required for newly registered organisations).

Principal Executive Officers

The application must include the names and contact details for three (3) Principal Executive Officers (PEOs) who have the power to make decisions about the management of the organisation. For example the Chairperson/President, Secretary, Treasurer, Board Director, Trustee, Chief Executive Officer.

If any of the organisation’s PEOs are related, a conflict of interest policy must be provided with the licence application. The [Australian Charities and Not-for-profits Commission website](http://www.acnc.gov.au/tools/topic-guides/conflict-interest) includes sample policies and templates that may help organisation’s develop an appropriate policy.

Reviewer or auditor details

Some licence holders are required to complete a review or audit of the financial reports. This requirement depends on the organisation’s total annual revenue (the total amount of money received through its activities during a financial year). If the organisation’s annual revenue is, or is expected to be:

* $500,000 or over but less than $3,000,000 it will be necessary to complete a review or audit each year; or
* $3,000,000 or over it will be necessary to complete an audit each year.

These organisations must provide details of their reviewer or auditor as part of the application.

Similarities to existing charitable collectors

Where there are organisations operating in the same field, the Commissioner for Consumer Protection (the Commissioner) must consider whether an existing licence holder would more effectively or economically carry out the proposed activities of an applicant.

If there are any other organisations operating for the same charitable purpose as the applicant, please provide reasons why you cannot work with those charities rather than obtain a separate licence; or details of how your proposed services are different to that currently available. Consultations should be held with similar current licensed charities and support letters obtained from them to confirm those discussions.

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| Application for a WA Charitable Collections Licence | | | | | | | | | | | | | | | | | | | |
| *Charitable Collections Act 1946* | | | | | | | | | | | | | | | | | | | |
| **Purpose**  This form is used to apply for a **New** **Charitable Collections licence** in Western Australia.  **Instructions**   * Type directly into this form electronically before printing and signing it or hand print neatly using an ink pen in block letters. * Tick 🗹 where appropriate and attach additional pages if space in this form is insufficient. * Incomplete applications cannot be considered.   **No funds may be solicited or collected for any charitable purpose unless a licence has been issued.** | | | | | | | | | | | | | | | | | | | |
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| **A. APPLICANT DETAILS** | | | | | | | | | | | | | | | | | | | |
| 1. What is the organisation’s legal registered name? (Name on Certificate of Registration) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. What is the organisation’s legal structure? | | | | | | | | | | | | | | | | | | | |
|  | Company Limited by Guarantee | | | | |
|  | Incorporated Association | | | | |
|  | Trust | | | | | | Name of Trust: | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | Name/s of Trustees: | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | Indigenous Corporation | | | | |
| ***NOTE: Copies of the organisation’s governing documents must be attached to this application.  Refer to Section H for more information.*** | | | | | | | | | | | | | | | | | | | |
| 1. Is the organisation registered with the Australian Charities and Not-for-profit Commission (ACNC)? If yes, attach a copy of the ACNC registration | | | | | | | | | | | | | | |  | Yes | |  | No |
| 1. Does the organisation have an Australian Business Number? | | | | | | | | | | | | | | |  | Yes | |  | No |
| If yes, enter ABN here: | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **B. ORGANISATION CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | |
| 1. What is the organisation’s contact address: | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | Surname: | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | State: | | |  | | | Postcode: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | |  | | | | | | | Email: | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Role with the organisation:  *i.e. Chair, Secretary, Treasurer, CEO, Manager* | | | | |  | | | | | | | | | | | | | | | |
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| **C. CHARITABLE PURPOSE** | | | | | | | | | | | | | | | | | | | | |
| 1. What is the purpose(s) for which the licence is sought? | | | | | | | | | | | | | | | | | | | | |
|  | | **Health (general)** *Includes preventing and relieving sickness, disease or human suffering* | | | | | | | | | | | | | | | | | | |
|  | | **Mental Health** *Includes support and prevention services* | | | | | | | | | | | | | | | | | | |
|  | | **Social or public welfare**  *Includes social services, aged care, disability services, homeless services, Indigenous services, refugee assistance, emergency relief, international development* | | | | | | | | | | | | | | | | | | |
|  | | **Medical Research**  *Includes promoting and providing funds* | | | | | | | | | | | | | | | | | | |
|  | | **Support of hospitals or health care centres** | | | | | | | | | | | | | | | | | | |
|  | | **International** *Includes providing relief and support to overseas countries* | | | | | | | | | | | | | | | | | | |
|  | | **Relief of distress caused by war**  *Including the support of people who have been members of the armed forces and their families* | | | | | | | | | | | | | | | | | | |
|  | | **Advancing the security or safety of Australia or the Australian public**  *Includes safe houses, conciliation services, victim support* | | | | | | | | | | | | | | | | | | |
|  | | **Preventing or relieving the suffering of animals**  *Includes animal sanctuaries, veterinary care and treatment, assisting mistreated or lost animals, addressing animal cruelty* | | | | | | | | | | | | | | | | | | |
|  | | **Natural environment**  Includes preserving native flora and fauna, rescuing and caring for native animals, habitat protection and rehabilitation, sustainable development, environmental education | | | | | | | | | | | | | | | | | | |
|  | | **Benevolent, philanthropic purposes or beneficial to the general public**  *Includes economic, social and community development* | | | | | | | | | | | | | | | | | | |
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| 1. Describe the organisation’s activities and how they advance or will advance the charitable purposes of the organisation.   *For example, advancing health and social or public welfare by providing free or low-cost medical services to refugee communities.* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. Who will these activities help or benefit?   *For example, those suffering from a particular disease, people from an ethnic background, women, or the general community.* | | | | | | | | | | | | | | | | | | | | |
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| 1. If your activities are not substantially different to those of existing charities, briefly explain why you believe that you can undertake this activity and provide the community with an alternate and effective presence in this field.   *The legislation requires that, in considering this application, it be taken into account if another licence holder or applicant might be able to carry out this charitable purpose more effectively or economically. It may assist if you explain any contact the charity has had with other licence holders or what has prompted the establishment of this new charity.* | | | | | | | |
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| **D. COLLECTION ACTIVITIES** | | | | | | | |
| 1. Does or will the organisation? | | | | | | | |
| Provide funding to an organisation operating overseas? | | |  | | Yes |  | No |
| Conduct activities overseas? | | |  | | Yes |  | No |
|  | | | | | | | |
| If yes to either of the above, list the countries outside Australia where the organisation operates or intends to operate: | | | | | | | |
|  | | | | | | | |
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| 1. Please outline the range of fundraising activities the organisation will be conducting:   Please note further Permits may be required e.g Street Appeal Permits from this office and Raffle Permits from the Office of Racing, Gaming & Liquor. | | | | | | | |
| Receiving donations | Raffles | | | Street appeals | | | |
| Telemarketing | Door to door collections | | | Sale of goods | | | |
| Events (e.g. quiz nights, balls, sporting events and competitions  Online donations | | | | | | | |
| Other – Please describe your activities: | |  | | | | | |

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| **E. PRINCIPAL EXECUTIVE OFFICERS (OFFICE BEARERS OF ORGANISATION)** | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | 1. The Principal Executive Officers are those who have decision making powers for the organisation including the Chairperson/President, Secretary, Treasurer, Board Director, Trustee, CEO.( **Three Roles Required**)   **Please provide the details for three (3) of the organisation’s Principal Executive Officers (PEO’s) and ensure the box at the bottom of the page regarding Disqualified Persons is ticked.** | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Mr  Mrs  Ms  Miss  Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | Surname: | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | |  | | | | Position in organisation: | | | | | | | | | |  | | | |
| Residential Address: | | | | | |  | | | | | | | | | | | | | | |
| Telephone number: (mobile or landline) | | | | | |  | | | | | Email address: | | | | | |  | | | |
| Title | | | Mr  Mrs  Ms  Miss  Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | Surname: | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | |  | | | | Position in organisation: | | | | | | | | | |  | | | |
| Residential Address: | | | | | |  | | | | | | | | | | | | | | |
| Telephone number: (mobile or landline) | | | | | |  | | | | | Email address: | | | | | |  | | | |
| Title | | | Mr  Mrs  Ms  Miss  Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | Surname: | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | |  | | | | Position in organisation: | | | | | | | | | |  | | | |
| Residential Address: | | | | | |  | | | | | | | | | | | | | | |
| Telephone number: (mobile or landline) | | | | | |  | | | | | Email address: | | | | | |  | | | |
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| **Conflict of Interest Policy** | | | | | | | | | | | | | | | | | | | | |
| 1. If any of the Board Management or PEO’s are related, the Charitable Collections Advisory Committee will require a copy of the organisation’s Conflict of Interest policy.   **Please attach a copy of this policy if applicable to your organisation.** | | | | | | | | | | | | | | | | | | | | |
| **Disqualified persons** | | | | | | | | | | | | | | | | | | | | |
| 1. Under the conditions of a charitable collections licence, a licence holder must not without the written consent of the Commissioner:  * permit a person who is a member of the Governing Body and who is or has become a disqualified person to continue to be a member of the Governing Body; or * appoint a disqualified person to be a member of its Governing Body.   **A Disqualified Person is any person who:**   * is disqualified from managing corporations under the *Corporations Act 2001* (Cth) Part 2D.6; or * must not accept appointment or act as a member of a management committee of an incorporated association under the *Associations Incorporation Act 2015* (WA) Division 1; or * has been disqualified from acting as a responsible person of a charity by the Commissioner of the Australian Charities and Not-for-profits Commission under the *Australian Charities and Not-for-profits Commission Regulation 2013* (Cth) Subdivision 45- B- Governance Standards. | | | | | | | | | | | | | | | | | | | | |
| ***I confirm that none of the Principal Executive Officers identified above are***  ***disqualified persons.*** | | | | | | | | | | | | | | | | | | | | |
| **F. FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| 1. On what day does the organisation’s financial reporting period end?   *For example if the reporting is for a calendar year, enter 31 December.* | | | | | | | | | | | | | | | | | | | | | |
| Day | | |  | | | | | Month | | | | | |  | | | | | | | |
| 1. What is your expected total annual revenue? | | | | | | | | | | | | | | | | | | | | | |
|  | | $0 to $499,999 | | | | | | | | | | | | | | | | | | | |
|  | | $500,000 to $2,999,999 | | | | | | | | | | | | | | | | | | | |
|  | | $3,000,000 or above | | | | | | | | | | | | | | | | | | | |
| 1. What are the details of the organisation’s bank account?   ***Note: the account must be operated by no fewer than two (2) persons jointl****y* | | | | | | | | | | | | | | | | | | | | | |
| Name of account: | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |
| Name of banking institution: | | | | | | | |  | | | | | | | | | | | | | |
| 1. Names of the persons authorised to operate the account: (**minimum of two)** | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | |
| 2. | |  | | | | | | | | | | | | | | | | | | | |
| 1. **MEDIUM AND LARGE ORGANISATIONS ONLY**   **Provide the details of the organisation’s reviewer or auditor**   * *If annual revenue is $500,000 or over but less than $3,000,000 the organisation is categorised as a medium charity and a review of the financial report must be completed each year.* * *If annual revenue is $3,000,000 or over the organisation is categorised as a large charity and an audit must be completed each year.* | | | | | | | | | | | | | | | | | | | | | |
| Name of the Auditor/Reviewer: | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Name of accounting business: | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | State: | | | |  | | | | | | Postcode: | |  |
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|  | | | | | | | | | | | | | | | | | | | | | |
| Telephone number: | | | | |  | | | | | Email address: | | | | | | |  | | | | |
| . | | | | | | | | | | | | | | | | | | | | | |
| Category of Auditor: | | | | | Registered Company Auditor (RCA) | | | | | | | | | | RCA Registration number: | | | | |  | |
| Member of the Institute of Chartered Accountants (CA) | | | | | | | | | | | | | | | | |
| Member of the Australian Society of Certified Practicing Accountants (CPA) | | | | | | | | | | | | | | | | |
| Member of the Institute of Public Accountants (IPA) | | | | | | | | | | | | | | | | |
| Member of the Association of Taxation and Management Accountants (ATMA) | | | | | | | | | | | | | | | | |
| **Explanatory note: differences between a review and audit**  The process of reviewing accounts is not as detailed as completing an audit. A reviewer will look over the report and advise whether anything has come to their attention to suggests that the report does not comply with the legislative requirements.  An auditor must collect evidence relating to the financial records and transactions to satisfy themselves that the report is a true and correct reflection of the association’s finances. This enables them to provide a formal opinion whether the accounts meet the relevant legal requirements. | | | | | | | | | | | | | | | | | | | | | |

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| **G. APPLICATION SIGNATORY AND DECLARANT** | | | | | | | |
| **Complete the declaration below:**  This form must be signed and declared by:   * *a member of the Governing Body such as the Chairperson, President or Secretary;* * *a person who holds a position in the organisation who is authorised by its Governing Body to sign this form (such as a CEO or CFO); or* * an agent instructed/authorised by the organisation’s Governing Body to sign this form | | | | | | | |
| ***I declare that***   * **I am authorised to make this declaration on behalf of the organisation.** * **In order to assist with the determination of this application, I authorise the Commissioner or persons so directed, to obtain any document, record, file or information that may be necessary or relevant to the charity’s eligibility to hold its licence.** * **The information contained in this form and any supporting documents provided at the time or subsequent to lodgement are to the best of my knowledge and belief complete, correct and true.** | | | | | | | |
|  | | First Name |  | | Surname | | |
|  | |  |  | |  | |  |
|  | | Role with the organisation: | | | | |  |
|  | |  | | | | |  |
|  | | Signature (Do not Print) | |  | | Date: |  |
|  | |  | |  | |  |  |
|  | | | | | | | |
| **H. ATTACHMENTS TO APPLICATION** | | | | | | | |
| 1. Please attach copies of the following documents: | | | | | | | |
|  | **The organisation’s certificate of incorporation or registration** (if applicable)  *This information is not required if the organisation is incorporated under the Associations Incorporation Act 2015 (WA)* | | | | | | |
|  | **The organisation’s governing documents** e.g. rules/constitution, trust deed  *This information is not required if the organisation is incorporated under the Associations Incorporation Act 2015 (WA).* | | | | | | |
|  | **The latest financial report** including an income and expenditure statement and balance sheet. | | | | | | |
|  | **The organisation’s ACNC registration document** (if applicable) | | | | | | |
|  | **The organisation’s Conflict of Interest Policy** (if there are related members in the organisation) | | | | | | |
|  | **Any other documents supporting the application** i.e. letters of support | | | | | | |
|  |  | | | | | | |
| **LODGING THIS APPLICATION** | | | | | | | |
| By email: | | charities@dmirs.wa.gov.au | | | | | |
| If you need any assistance please contact the Associations and Charities Branch on **(08) 6552 9364**. | | | | | | | |
| **What happens next** | | | | | | | |
| * This application will be presented to the Charitable Collections Advisory Committee, which will make recommendations to the delegate of the Commissioner as to whether a licence should be granted. * The Committee currently meets on a monthly basis. * Any incomplete applications will not be submitted to the Committee for consideration. * Funds **may not** be solicited or collected for any charitable purpose until a licence is issued. | | | | | | | |
| **Please retain a copy of this application for your records.** | | | | | | | |