



Persons who are not to be involved in administration of retirement villages - Exemption Application Form

Please use a pen and write neatly using BLOCK LETTERS. Tick where appropriate.

Application Requirements

This form must be completed and signed by the applicant.

Your application cannot be assessed unless ALL sections are completed and ALL information is provided.

This application **must** also be accompanied by the prescribed fee and all relevant additional items listed in the Application Checklist at section 8. Note that the fee is **NON-REFUNDABLE**. Current fees are available on our website at www.commerce.wa.gov.au/CP/licensingfees.

1. Applicant Details

Title: Mr Mrs Miss Ms Other

Last Name:

Given Name(s):

Previous name(s) (if applicable)
You must list ALL previous names.

Reason(s) for name change(s): Deed poll Alias Marriage
 (if applicable) Other

Date of Birth:

Place of Birth:

Work phone: ()

Mobile phone:

Preferred Email address:

Residential Address:

Postal Address:
(If different from above)

Department of Mines, Industry Regulation and Safety
 Consumer Protection
 Level 1, Mason Bird Building
 303 Sevenoaks Street
 CANNINGTON WA 6107

Licensing Advice Line
 Tel: 1300 304 064

Overseas Callers
 +61 8 6251 2931

Locked Bag 14
 Cloisters Square WA 6850

Email
 cplicensing@dmirs.wa.gov.au

www.dmirs.wa.gov.au/CP

A7768451

Note: Your nominated email address will be used for contact purposes, please ensure that the email address provided in this application is correct and that you notify the Department of any future changes.

2. Details of Employment or Engagement in Retirement Village

Name of Retirement Village:

Your position title:

Provide a comprehensive summary of your role below, specifically including whether you:

- are involved in financial management/oversight of the retirement village; and/or
- have contact with village residents as part of your role.

Attach evidence from the employing entity of your duties and responsibilities e.g. a statement of your duties and responsibilities or, for director applicants, a copy of the corporation's constitution stipulating the duties of Officers.

3. Reason(s) for prohibition

The reason for seeking an exemption is because I: **(Tick all that apply)**

<input type="checkbox"/>	(a) have been convicted, within or outside Western Australia, of an offence involving violence to another person punishable on conviction by imprisonment for not less than 3 months. The conviction or my release from custody (whichever is the later) occurred within the last five years.
<input type="checkbox"/>	(b) have been convicted, within or outside Western Australia, of an offence involving fraud or dishonesty punishable on conviction by imprisonment for not less than 3 months. The conviction or my release from custody (whichever is the later) occurred within the last five years.
<input type="checkbox"/>	(c) have been convicted, within or outside Western Australia, of an offence under <i>The Criminal Code</i> Chapter XXXI or an offence that, if committed in Western Australia, would constitute such an offence. The conviction or my release from custody (whichever is the later) occurred within the last five years.
<input type="checkbox"/>	(d) according to the <i>Interpretation Act 1984</i> section 13D, am bankrupt or my affairs are under insolvency laws.
<input type="checkbox"/>	(e) am disqualified from managing corporations under the <i>Corporations Act 2001</i> (Commonwealth) Part 2D.6 within the last five years.
<input type="checkbox"/>	(f) within the last five years, was a director of, or concerned in the management of, a corporation, as defined in the <i>Corporations Act 2001</i> (Commonwealth) section 57A, when it was wound up otherwise than voluntarily.

4. Supplementary information/documentation

If you ticked the box for **3(a), (b) and/or (c)**, you must attach a National Police check which is not more than three months old. The Commissioner may obtain Court Sentencing remarks regarding your conviction(s) to assist in assessing the application.

If you ticked the box for **3(d), (e) and/or (f)**, it is likely that the Commissioner will access relevant information held by the Australian Securities and Investments Commission (ASIC) and obtain a credit history report.

Please provide the name and ACN of any companies associated with your nomination under box 3(e) and/or (f) in the table below.

Name of company	ACN

5. Reasons for seeking exemption

Explain why, in your opinion, neither the wellbeing nor the financial interest of the residents will be at risk if you are concerned in the administration of the retirement village e.g. any mitigating circumstances.

If there is insufficient space, please attach a separate letter/document.

6. Important Information

National Police Check

If you are required to attach to this application a National Police check, it must be in your full name and no more than three months old. The check must be either an original document or a certified copy. Please note we will not return original documents. A National Police check can be obtained through participating Australia Post outlets or by contacting an authorised agency listed on our website (www.commerce.wa.gov.au/CP/policechecks).

False or Misleading information

This application is made by statutory declaration under the *Oaths, Affidavits and Statutory Declarations Act 2005*. Any person who knowingly makes a statement that is false in a material particular in a statutory declaration is guilty of a crime and is liable to imprisonment for 5 years and a fine of \$24,000.

In addition, a person must not, in relation to an application under section 77C of the *Retirement Villages Act 1992*, give information orally or in writing that the person knows to be false or misleading in a material particular or likely to deceive in any way. A \$5,000 penalty applies.

7. Declaration of Applicant and Authorisation to the Commissioner for Consumer Protection

I,(full name), sincerely declare as follows: -

1. That the particulars and answers given in respect of this application are, to the best of my knowledge and belief, complete, correct and true and that the attachments hereto are what they purport to be.
2. In order to assist with the determination of this application, I authorise the Commissioner, or persons so directed, to obtain on my behalf any document, record, file or information, including but not limited to records relating to my criminal history, financial history or other relevant information.
3. I agree to do all things necessary, during the currency of this application, to assist the Commissioner in obtaining the above records upon request.
4. I understand, if I have provided false or misleading information in respect of this application, that the Commissioner may revoke this exemption in accordance with section 77C of the *Retirement Villages Act 1992* and that I am liable for a penalty of \$5,000 in accordance with the Retirement Villages Regulations.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

Declared at (address)

Dated this

day of

20

Applicant's Signature

In the presence of:

Witness' Signature

Print Name of Witness

Qualification as such a witness (e.g. JP, Public Servant, etc)

Refer to section 12 and schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005* for the list of Authorised Witnesses or visit www.commerce.wa.gov.au/CP/authorisedwitness.

Any person who knowingly makes a statement that is false in a material particular in a statutory declaration is guilty of a crime and is liable to imprisonment for 5 years and a fine of \$24,000.

8. Application Checklist

Prior to submitting your application, please complete this checklist to ensure you have met all of the requirements for the lodgement of your application.

Non-refundable application fee. The current fee is available at www.commerce.wa.gov.au/CP/licensingfees . (Please complete the credit card details below or make cheques payable to the Commissioner for Consumer Protection);	
Evidence of duties and responsibilities at retirement village.	
If you have any convictions that fall under section 76(1)(b) and s77A of the <i>Retirement Villages Act 1992</i> (i.e. you ticked the box for question 3(a), (b) and/or (c)), please also provide:	
A National Police check (not more than three months old) – must be an original or duly certified copy. See www.commerce.wa.gov.au/CP/policechecks for further information.	
A written explanation of the circumstances surrounding your conviction(s).	

Your completed application may be lodged:

By post addressed to:

Consumer Protection Licensing
Department of Commerce
Locked Bag 14
CLOISTERS SQUARE WA 6850

In person at:

Department of Commerce
Level 2, Gordon Stephenson House
140 William Street
PERTH

In person at:

Consumer Protection Licensing
Level 1, Mason Bird Building
303 Sevenoaks Street
CANNINGTON

DROP OFF ONLY

An incomplete application cannot be assessed. If you need help completing this form please contact the Licensing Advice Line on 1300 304 064.

9. For Credit Card Payment – applicant to complete

A list of current fees is available at www.commerce.wa.gov.au/CP/licensingfees.

Card Type Visa Mastercard

Card Number

Expiry Date /

Card Holder Name *Please print*

I authorise the Department to deduct the current prescribed fee for an exemption application.

Signature/Authorisation