

FORM 12

This form is effective from 1 July 2025

Application to allow a prohibited person to manage an association

Associations Incorporation Act 2015 s 39, 40 and 127

Please read this information before completing this form

ABOUT THIS FORM

Use this form to apply for permission (leave) from the Commissioner for Consumer Protection (the Commissioner) to be involved in the management of an incorporated association if you are currently prohibited under the *Associations Incorporation Act 2015*.

You can apply if you already serving on a management committee or if you intend to take up a committee position.

HOW TO COMPLETE THIS FORM

- You may complete this form onscreen and then print it, or print it first and complete it by hand.
- If completing by hand, please use a **blue or black pen** and write in **BLOCK LETTERS**
- **Complete all sections of the form**
- **Supporting documents may be required – refer document checklist in Section D.**

RELATED INFORMATION

Who is prohibited

- Under section 39 of the Act, the following individuals are prohibited from serving on the management committee:
 - Anyone who is bankrupt or whose affairs are under insolvency laws.
 - Anyone convicted of:
 - An indictable offence related to the promotion, formation or management of a corporate body.
 - An offence involving fraud or dishonesty that is punishable on conviction by imprisonment three months or more
 - An offence under Part 4, Division 3 of the Act (duties of officers).
 - An offence under section 127 of the Act (incurring debt while insolvent).
- If you are unsure whether you are a prohibited person and/or connected (directly or indirectly) in an incorporated associations management, consider seeking legal advice before applying.

Factors considered when granting leave

- Each application is assessed on its individual merits. The Act does not limit the factors the Commissioner will consider when assessing the nature and extent of any risk to the interests of the association and members.
- General considerations include:
 - Details and circumstances of the prohibition.
 - The grounds for the prohibition, together with any mitigating circumstances.
 - The role and the level of involvement in the association's management.
 - Any measures that have been put in place to manage possible risks.
 - Your conduct since becoming a prohibited person, including whether any corrective actions have been taken to address the underlying causes of the conduct that led to the prohibition.
- Additional factors may apply for depending on the reasons for the prohibition. For example, if you are prohibited due to bankruptcy, the Commissioner may consider your involvement in financial decision making and authority to incur expenditure or debt relevant.
- Note: Leave may be granted with conditions and can be revoked it at any time. If you become prohibited under another provision of section 39, any previously granted leave will be automatically revoked.

FEES

Visit our [fees forms and online transactions](#) page for current application fees. GST is not payable on these fees.

HOW TO LODGE AND PAY

Once you have completed this form you can lodge it using one of the following methods:

In person:	<p>Submit your completed form at:</p> <p>Cashier Services Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON</p> <p>Opening hours: 8:30 am to 4:30 pm (weekdays)</p>
By post	<ul style="list-style-type: none">• Credit card or Bpay: You will receive a Payment Number (PN) after your form is received. Use this number to pay via Consumer Protection's secure online payment portal at: https://payportal.dmirs.wa.gov.au/.• Cheque or money order: Make payable to "Department of Local Government, Industry Regulation and Safety" and post it with your completed form to: Department of Local Government, Industry Regulation and Safety Associations and Charities Locked Bag 14 CLOISTERS SQUARE PERTH WA 6850

WHAT HAPPENS NEXT

- Your form and supporting documents will be reviewed. We will contact you in writing if further information is needed.
- Your form may not be processed if it is incomplete or is not completed correctly; is received without payment; and or is not accompanied by the necessary supporting documents.
- If any of the provided information changes after submission, please notify Consumer Protection as soon as possible.

CONTACT

For assistance with completing this form, or information about the progress of an application, contact the Associations and Charities Branch by:

Telephone **1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays)

Email associations@lgirs.wa.gov.au

Website www.lgirs.wa.gov.au/associations

The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form

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OFFICE USE ONLY

SECTION A: APPLICANT PARTICULARS

1. Who is applying for approval?

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other, please specify: _____			
Name	<input type="text"/>		Surname	<input type="text"/>
Date of Birth	<input type="text"/>		Place of Birth	<input type="text"/>
Email	<input type="text"/>		Telephone	<input type="text"/>
Residential Address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Postal Address (If different than above)	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Email	<input type="text"/>		Telephone	<input type="text"/>

SECTION B: POSITION PARTICULARS

2. The incorporated association that you are applying to be allowed to be involved in the management of is:

3. What is the position that you are applying for (or already hold)?

4. What are the duties of this position?

Write a short summary of the position's tasks, duties and responsibilities. Include whether the position is involved in financial management of the association; and/or has a significant degree of control and influence in the association decisions.

If there is insufficient space, please attach an annexure labelled "Statement of Duties"

SECTION C: REASONS FOR PROHIBITION AND SEEKING LEAVE

5. Why do you need approval from the Commissioner to manage the association:

If (a), (b) and/or (c) is selected, National Police Check which not more than six (6) months old must accompany this application

- ☐ a) I have been convicted, within or outside Western Australia, of an offence involving fraud or dishonesty punishable on conviction by 3 months or more in prison
- ☐ b) I have been convicted, within or outside Western Australia, of an indictable offence in relation to the promotion, formation or management of a body corporate.
- ☐ c) I have been convicted, within or outside Western Australia, of an offence under Division 3 or Section 127 of the *Associations Incorporation Act 2015*.
- ☐ d) I am bankrupt or my finances are being managed under insolvency laws according to section 13D of the *Interpretation Act 1984*.

6. Have you informed association's committee about your prohibition?

- ☐ Yes
- ☐ No

7. Explain why you should be allowed to join the committee and how the association and its members would not be at risk if you were involved with its management.

Include any relevant experience or reasons as to why your involvement would help the association, and any mitigating circumstances which exist.

SECTION D: DOCUMENT CHECKLIST

This application cannot be processed without the following documents. Mark the documents you are submitting.

- ☐ Evidence of the **duties and responsibilities** of role
(e.g., a statement of duties or extract from the rules (constitution) stipulating the duties of the position)

If you have any convictions that fall under section 39(1) (b) of the *Associations Incorporation Act 2015* (ie. you ticked boxes (a), (b) and/or (c) at question 5) you must provide:

- ☐ A **National Police Check** which not more than six (6) months old.
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
- ☐ A **written explanation** of the circumstances surrounding your conviction(s).

SECTION D: APPLICANT DECLARATION

Provide the name and particulars of the person making this application:

Any correspondence about this application will be sent to this person.

I declare that:

- the information and answers given in within this application, including any attachments, are to the best of my knowledge complete, true and correct; and*
- 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; and*
- I understand that it is an offence under section 177 of the Act to make a false and misleading declaration in relation to this application.*

Full name

Signature

Date signed

IMPORTANT: Before you sign this form, check that you have provided true and correct information.

CONTACT FOR THIS APPLICATION

Who should Consumer Protection contact if there is a query about this application form?

- ☐ The applicant (submitter)
- ☐ Another person ► Provide the contact's details below:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other, please specify: _____

Name

Surname

Address
(Street or PO)

Suburb

State

Postcode

Email

Telephone