

FORM 12

This form is effective from 1 July 2026

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

1. Complete all sections of the form
2. Supporting documents may be required – refer document checklist in Section D.

FEE

Please refer to [Associations fees forms and online transactions](#) page for current application fees. GST is not payable on these fees.

If you lodge this form by post or email, you will be emailed a Payment Number (PN) to make payment by BPAY or a credit card through our secure online payment portal.

HOW TO LODGE

You can lodge your completed form:

In person:

Customer Service
Level 1, Mason Bird Building
303 Sevenoaks Street, CANNINGTON

Hours: 8:30 am to 4:30 pm (weekdays)

By post:

Associations and Charities
Department of Local Government,
Industry Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE PERTH WA 6850

Email:

associations@lgirs.wa.gov.au

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.

RELATED INFORMATION (continued)

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.

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

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

FORM 12

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Associations Incorporation Act 2015 s 39, 40 and 127

OFFICE USE ONLY

When completed this form is classed as "OFFICIAL SENSITIVE"

1. APPLICANTS DETAILS

Title	Given name	Family name
Date of birth	Place of birth	
Telephone	Email	
Residential address		
Suburb	State	Postcode
Postal address <i>(If different than above)</i>		
Suburb	State	Postcode

2. REASON(S) FOR PROHIBITION

The reason for seeking approval to manage the association is because I: *(Tick all that apply)*

- ☐ 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
- ☐ have been convicted, within or outside Western Australia, of an indictable offence in relation to the promotion, formation or management of a body corporate.
- ☐ have been convicted, within or outside Western Australia, of an offence under Division 3 or Section 127 of the *Associations Incorporation Act 2015*.
- ☐ am bankrupt or my finances are being managed under insolvency laws according to section 13D of the *Interpretation Act 1984*.

FORM CONTINUES NEXT PAGE

3. DETAILS OF THE INCORPORATED ASSOCIATION

Name of the incorporated association that you seek leave to be involved in the management of:

Position you are seeking leave to hold (or already hold)

Provide a comprehensive summary of the position's duties and responsibilities

Specifically 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.

Is association's committee aware of circumstances of your prohibition?

☐

Yes

☐

No

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.

FORM CONTINUES NEXT PAGE

4. DOCUMENT CHECKLIST

Tick each document you are submitting with this form

- ☐ 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* (i.e. you ticked boxes (a), (b) and/or (c) at question 2 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](#).
- ☐ A **written explanation** of the circumstances surrounding your conviction(s).

5. DECLARATION

Who must sign this form

To be completed by the applicant

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 *Associations Incorporation Act 2015* to make a false and misleading declaration in relation to this application.

Signature

Date signed

Full name

PRIVACY COLLECTION NOTICE

The Department of Local Government, Industry Regulation and Safety (LGIRS) collects the personal information you provide through this form to administer the *Associations Incorporation Act 2015* (WA), including assessing applications, processing notifications and maintaining regulatory information. For more information about how your personal information is handled, including disclosures and your privacy rights, please see the full [Privacy Collection Notice](#) on our website.

WHO SHOULD WE CONTACT IF THERE IS A QUERY ABOUT THIS FORM

Title

Given name

Surname

Email

Contact telephone

Mobile number

Address (Street or PO Box)

Suburb

State

Postcode