

# Cemeteries & Crematoria

ASSOCIATION OF NEW SOUTH WALES

ABN 29 585 601 087

All communications to Mary Reid, Secretary

**Phone.** 02 9264 2000

**Fax.** 02 9264 5499

**Mail.** PO Box A233 Sydney South  
NSW 1235 Australia

**Email.** maryr@employersfirst.org.au

## About the Association

The Cemeteries and Crematoria Association was established in 1965, as a trade association working on behalf of, and speaking for, those industries in New South Wales, and continues to represent the interests of Cemeteries and Crematoria in New South Wales.

The opinions expressed, standards attained and disciplines imposed by a unified group carry significantly more weight than those of individuals. A fragmented industry is of little influence or consequence to government, industry or other pressure groups. The achievements of this association testify to the benefits of a unified industry group. The Association is recognised as the peak body for Cemeteries and Crematoria in NSW with strong ties to the Australian Funeral Directors Association, Funeral Directors Association of NSW and the Australasian Cemeteries and Crematoria Association.

Our membership covers a wide cross-section of the industry and is categorised into: Member, Affiliate and Associate. Members consist of Councils, Trusts and private companies who maintain and operate facilities providing services to the community. Affiliate members are monumental masons and funeral directors, while Associates are suppliers of goods and services to the industry.

Our regular meetings provide a forum for all members to contribute and are supplemented with social activities which provide the delegates with opportunities to develop working relationships.

Our membership subscription rates vary for each category of membership. Members fees are based on the total number of burials and/or cremations per year, which gives an opportunity for even the smallest enterprise to participate fully in the association. Fees for Affiliates and Associates are a set rate per annum.

We have in excess of 80 member organisations, which covers a large percentage of the industry in New South Wales.



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## Our Vision Statement

- ▶ To be the leading voice in the Cemeteries and Crematoria Industry in New South Wales.

## Our Mission Statement

- ▶ To serve members through leadership and representation; to promote continuous improvement through knowledge sharing and professional services thus benefiting members, the industry and the community.

## Our Goals

- ▶ Membership of the Association to be recognised within the Industry as being highly valued and desirable.
- ▶ Being highly effective in representing the interests of members and the industry to government and the community.
- ▶ Provide high quality services that meet the needs of members and prospective members.
- ▶ To be recognised by industry, government and community as the authoritative voice on behalf of the industry.



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## What we do and how we help each other

Association members participate in many initiatives, promotions, discussion groups and forums to provide members with quality information, guidance and networking.

The Association:

### ◆ Holds regular meetings across NSW:

Meetings are held three times a year: In Sydney, regional NSW or interstate.

Regional Meetings are usually held from Friday to Sunday. Traditionally, Friday is set aside for general business. Saturday is programmed with guest speakers, inspection tours, etc. A hectic 'social' diary is included to ensure there is plenty of time for *'peer to peer'* networking.

Sydney Meetings are usually a 1 day meeting held on a Friday.

The Executive Committee meets separately, with meetings being held on a bi-monthly basis.

### ◆ Provides members with guidelines and standards on:

- ▶ Safe Working Practices in Cemeteries & Crematoria in NSW
- ▶ Service Standards in Cemeteries and Crematoria
- ▶ Guidelines on Above Ground Interment in NSW
- ▶ Guidelines for Planning an Exhumation including Removal of Coffin from Cemetery
- ▶ Policy for Above Ground Interment
- ▶ Policy for Compressed Cement Sheeting Liners for Reduced Depth Liners
- ▶ Guidelines on Cemetery Ornamentation
- ▶ Guidelines for Burial or Cremation of Pathological Samples in NSW



◆ **Represents members' interest within the Funeral Services Industry on the following committees:**

- ▶ Industry forums as required
- ▶ Australian Funeral Directors Association
- ▶ Funeral Directors Association of NSW

and maintain communication with the NSW Department of Health, Lands Department, Department of Fair Trading and any other relevant Government Department or organisation.

◆ **Operates a number of committees targeting important issues, of which the following are just a few:**

▶ **Training and Education:**

This committee is actively involved in the development and promotion of training within the industry. CCA NSW has representation on the Board of NSW WRAPS, which is the industry training advisory board that represents the Funeral Industry Training Package.

CCA NSW works closely with TAFE NSW – Northern Sydney Institute in offering the Safe Grave Techniques course, for people employed as gravediggers or who perform work in related roles. The five-day course includes three days of tuition and practical activities and two days of formal assessment.

▶ **Funeral Industry Liaison:**

This committee encourages communication between all areas of the funeral and cemetery/crematoria industries.

▶ **Industrial Relations**

▶ **Membership**

▶ **CCANSW Web / Home Page:**

Providing regular updates for the information of members.

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## Membership

Any person, firm, company, Council, Trust or Church may apply for membership of the Association. Application must be made on the official Application Form available from the association (see attachment). All applications are forwarded to the Membership Committee who will either recommend endorsement, rejection or otherwise deal with the application, including their recommendation as to category of membership applicable.

### Membership Categories

#### Full Member:

Full Members are firms, Trusts, companies, Churches, Councils or other organisations which administer the affairs of a cemetery and/or crematorium for the disposal of human remains in NSW and ACT. Voting rights are determined based on the number of burials and/or cremations per year.

#### Affiliate:

Affiliate Members are natural persons, firms, organisations or companies who are funeral directors or monumental masons. No voting rights are applicable to this membership category.

#### Associate:

Associate Members are natural persons, firms, organisations or companies who are suppliers to members or otherwise associated with the industry. No voting rights are applicable to this membership category.

#### Life Members:

Life Members, are individuals who by reason of having made significant contributions to the industry and who have retired from direct involvement therein and have been so appointed by members at an Annual General Meeting. No voting rights are applicable to this membership category.

#### Honorary Members:

Honorary Members are individuals who by reason of having provided valuable service to the industry although not having been directly involved as a full member and have been so appointed by members at an Annual General Meeting. No voting rights are applicable to this membership category.



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## Membership Application Procedure

- **The Process of Applying for Membership is:**

On receipt of the Membership Information Kit, complete the enclosed forms and return to the CCA Secretariat. This includes:-

- Providing details of two business referees.
- Source a Proposer & Seconder, both must be a Nominated Representative of a current financial Full Member Firm.

The CCA does not assist in sourcing a Nominator & Seconder. If an application is received with no Nominator or Seconder, it is returned to the applicant. No application can progress without all criteria being met.

- Enclosing a cheque covering your membership subscription.

- **Approval Process:**

- A letter confirming receipt of application will be forwarded by the CCA Secretariat.
- Details of the application will be verified.
- Notice of application will be provided to all CCA members, giving members the opportunity to comment on the application.
- Objections and comments to the application are assessed by the membership committee.
- Membership committee determine whether to recommend approval or rejection of the application.
- Membership committee determines classification of membership
- Applicant is advised in writing of the outcome of their membership application.



- If the application is accepted, the member's details are added to the CCA data base and a Membership Certificate is issued.
- Should the applicant who fails to gain membership wish to appeal the decision of the Membership Committee then they should write to the CCA Secretariat within 14 days of receiving notice setting out their reasons.
- The Executive Committee will meet to deal with this appeal and notify the applicant of their decision.
- If the applicant is again rejected then the Executive will place the matter on the agenda of the next general meeting for discussion and notify the applicant accordingly.
- Admission to membership of the Association shall be conditional on the proposed member paying into the funds of the Association the joining fee and annual subscription for the current year and upon the proposed member agreeing to be bound by the Constitution of the Association, and agreeing to such other conditions for admission to membership as may be determined by the Association from time to time.

# Cemeteries Crematoria

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## MEMBERSHIP APPLICATION

### for Full membership category

We hereby apply for membership of the Cemeteries and Crematoria Association of New South Wales. We submit the following information in support of this application, and attach completed Facilities Forms for each location (if applicable) and our cheque covering the first year's membership fee.

Contact details of members will be listed on the CCA NSW web for the information of the funeral industry and the general public. Should you not wish for the contact details of your organisation to be published on the web, please tick the box.

ORGANISATION DETAILS:					
<b>Organisation Name:</b>					
Type of Business:	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Company	<input type="checkbox"/> Crown Land Trust	<input type="checkbox"/> Local Government
Other (please specify): .....					
GENERAL CONTACT DETAILS: <i>(Information to be published on the CCA NSW web)</i>					
<b>Postal Address:</b>					
			<b>State:</b>	<b>Postcode:</b>	
<b>Street Address</b> <i>(if different from Postal Address):</i>					
<b>General Contact Details:</b>	<b>General Telephone:</b>		<b>Fax:</b>		
	<b>General Email:</b>				
	<b>Website:</b>				
REPRESENTATIVE:					
<b>Nominated Representative:</b> <b>Contact Details:</b>	<b>Position:</b>				
	<b>Telephone:</b>	<b>Fax:</b>			
	<b>Email:</b>	<b>Mobile:</b>			
<b>Alternate Representative</b> <i>(if required):</i> <b>Contact Details:</b>	<b>Position:</b>				
	<b>Telephone:</b>	<b>Fax:</b>			
	<b>Email:</b>	<b>Mobile:</b>			
BUSINESS DESCRIPTION:					
Sensitive information provided on this application form will be kept by the Association for statistical purposes only, and no such sensitive information will be disclosed on any individual organisation without the prior permission of the organisation's Nominated Representative.					
<b>Do you operate a Cemetery and/or Crematoria?</b>	<input type="checkbox"/> Cemetery Only	<input type="checkbox"/> Crematoria Only	<input type="checkbox"/> Cemetery & Crematoria		
<b>Cemetery &amp; Crematoria Facilities:</b>	Please complete a separate Facilities Form (attached) for <b>each</b> location and attach them to the completed application.				
<b>Annual Turnover:</b>	<input type="checkbox"/> <\$1M	<input type="checkbox"/> \$1M - \$2M	<input type="checkbox"/> \$2M - \$5M	<input type="checkbox"/> >\$5M	



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REFERENCES:				
Please provide details of 2 CCA NSW Referees (referees must be current financial Full Members):				
<b>Referee 1:</b>				
Organisation:				
Nominated Representative:				
Contact Details	Telephone:		Fax:	
	Email:			
<b>Referee 2:</b>				
Organisation:				
Nominated Representative:				
Contact Details	Telephone:		Fax:	
	Email:			
Have you every been involved in a company or business that became insolvent or subject to any form of insolvency (eg liquidation, receivership, etc.)?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide details:				
Have you or any of your partners of the business ever been convicted of a criminal offence in the last five years?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide details:				
DECLARATION:				
<p>If elected, we agree to abide by the provisions of the Constitution and agree to such other conditions for admission to membership as may be determined by the Association.</p> <p>We agree to pay subscriptions and other amounts that may become due from time to time.</p>				
Signature of Nominated Representative:				
Date:				
MEMBERSHIP SUBSCRIPTION:				
See attached Subscription Rates Schedule for detail of membership categories and applicable membership fees.				
Please state the number of burials and/or cremations performed during the last 12 months (calendar year) at <u>all</u> your locations.	Activities at <u>all</u> locations operated by your organisation during 2008:			
	Total Burials performed			.....
	Total Cremations performed			.....
	Combined Total activities			=====
Membership Category:	<input type="checkbox"/> Full	Category Level applicable:	<input type="checkbox"/> A	<input type="checkbox"/> B
			<input type="checkbox"/> C	<input type="checkbox"/> D
			<input type="checkbox"/> E	
Membership Fee enclosed (including GST):	\$.....			

**This document will become a TAX INVOICE for GST purposes when you make a payment.  
(GST Ruling GSTR 2000/17)**

## CEMETERIES & CREMATORIA ASSOCIATION OF NSW (CCA NSW)

### Facilities available at Cemetery/Crematorium operated by members of CCA NSW

Please complete a separate Facilities Form for each location - photocopy this form if you have more than one location.

General details regarding your site will be incorporated into the Cemeteries Index to be located on the CCA NSW web for the information of Funeral Directors and the general public. Only relevant, non-sensitive information from this form will be included in this index. Any information of a sensitive nature provided on this form will be kept by the Association for statistical purposes only, and no such sensitive information will be disclosed on any individual organisation without the prior permission of the organisation's Nominated Representative. Should you **not** wish for the site details to be included in the Cemeteries Index, please tick the box.

LOCATION DETAILS:										
<b>Cemetery/Crematorium Name:</b>										
Operated / Owned By:										
Location Address:										
Postal Address:										
Is this location:										
<input type="checkbox"/> Site in Use			<input type="checkbox"/> Disused			<input type="checkbox"/> Converted		<input type="checkbox"/> Unused		
Contact Details:										
Telephone:		02			Fax:		02			
Email:										
Website:										
Booking Hours:										
Monday-Friday:			..... am to ..... pm			Saturday-Sunday:		..... am to ..... pm		
Booking Telephone No:										
02										
Other Location Details:										
On-site Office:			<input type="checkbox"/> YES <input type="checkbox"/> NO			On-site Toilet Facilities:		<input type="checkbox"/> YES <input type="checkbox"/> NO		
After Service Catering Available:				<input type="checkbox"/> YES <input type="checkbox"/> NO		Café/Coffee Shop:		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Establishment Date:						Map Ref:		(UBD / Gregory's)		
Parish:						Local Government Area:				
State Electorate:						Local/Friends Group:				
Location size (total land area):						Number of cool storage spaces:				
Location staff numbers (outdoor):						Location staff numbers (indoor):				
No. of public visits per year(if known):										
A: CEMETERY <i>(Complete ONLY if you operate a Cemetery)</i>										
On arrival at Cemetery, proceed to:										
<input type="checkbox"/> Office <input type="checkbox"/> Grave			No. of staff provided to assist at Service:							
Services available between:										
Monday-Friday:			..... am to ..... pm			Saturday-Sunday:		..... am to ..... pm		
Contact person in case of problems:										
						Telephone:		02		
Location Services:										
Total Burial Allotments (used & unused):						Total Used Burial Allotments:				
Equipment provided for Burial Service:										
<input type="checkbox"/> Bearers			<input type="checkbox"/> Chairs			<input type="checkbox"/> Lowering Device		<input type="checkbox"/> Planks		
<input type="checkbox"/> Canopy/Cover			<input type="checkbox"/> Grave Cover/Grille			<input type="checkbox"/> Mats		<input type="checkbox"/> Straps		
Other:     •     ..... •     .....										
Equipment provided at Vaults and Crypts: <input type="checkbox"/> Not applicable										
<input type="checkbox"/> Cleaning prior to service			<input type="checkbox"/> Lifting device			<input type="checkbox"/> Memorial panel removed		<input type="checkbox"/> Scaffolds		
What involvement is required by the Funeral Director, if any, for digging of grave, set up and removal of equipment and refilling of graves:										
B: CREMATORIUM <i>(Complete ONLY if you operate a Crematorium)</i>										
On arrival at Cemetery, proceed to:										
<input type="checkbox"/> Office <input type="checkbox"/> Crematorium			No. of staff provided to assist at Service:							
Contact person in case of problems:										
						Telephone:		02		
Location Services:										
Total Cremation Allotments (used & unused):						Total Used Cremation Allotments:				
Total Cremation Services Conducted:						No. of Cremator Units:				
When after a funeral do you cremate:										
					<input type="checkbox"/> Within 24 Hours			<input type="checkbox"/> Within 48 Hours		

**C: CHAPEL / S** *(Complete ONLY if you offer Chapel facilities)*

Number of Chapels:		Seating Capacity per Chapel:	
Services available between:	Monday-Friday:	..... am to ..... pm	Saturday-Sunday:
Length of service allowed:		Bookings in blocks of:	
Parking:	Parking Spaces:		Disabled Parking Spaces:
Chapel/s Access:	<input type="checkbox"/> Flat walk in	<input type="checkbox"/> Stairs and Ramp	<input type="checkbox"/> Stairs Only
Equipment provided at Chapel/s:	<input type="checkbox"/> Audio Cassette Player	<input type="checkbox"/> DVD Player	<input type="checkbox"/> Projector
	<input type="checkbox"/> CD Player	<input type="checkbox"/> Last Post	<input type="checkbox"/> Screen
	<input type="checkbox"/> Concierge	<input type="checkbox"/> LCD/Plasma/Rear Projection TV	<input type="checkbox"/> Video Cassette Recorder/Player
	<input type="checkbox"/> Condolence Room	<input type="checkbox"/> Multimedia Computer	<input type="checkbox"/> Video Tape Service
	Other:   • ..... • .....		

**D: MONUMENTS** *(Complete if relevant)*

Total number of monuments at this location:		What %age of monuments have been transcribed:	
If monuments have been transcribed, where are the transcriptions stored (ie Friends Group, Library, Council, etc.):			

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## DECLARATION of COMPLIANCE

We hereby declare that, as a full or prospective full Member of the Cemeteries & Crematoria Association New South Wales (CCANSW) we own/operate a cemetery and/or crematorium that offers storage and memorialisation for ashes including an appropriate area(s) or building(s) for conduct of memorial services.

We agree to comply with:

1. The CCANSW Constitution.
2. All applicable legislation relevant to Trust, Private or Local Government cemeteries and crematoria in the state or territory that the cemetery and/or crematorium operates.
3. All CCANSW policies, guidelines, codes of practice and all relevant standards.

We agree to:

1. Provide our facilities for the benefit of the whole community without discrimination, subject to the payment of the relevant fee and compliance with site requirements.
2. Ensure that all human remains are treated with appropriate dignity and respect.
3. Ensure the ongoing financial viability of the cemetery/crematorium.
4. Ensure adherence to long-term maintenance obligations in recognition of community expectations.
5. Allow community scrutiny.

We declare that to the best of our knowledge, this organisation complies and will continue to comply with the Declaration of Compliance as detailed.

### 1<sup>st</sup> Signature:

Signed ..... Name .....

Position ..... Organisation .....

### 2<sup>nd</sup> Signature:

Signed ..... Name .....

Position ..... Organisation .....

### Witness:

In the presence of .....

Signed ..... Date .....

