

City of Melbourne Plaques and Memorials Application Form

BEFORE COMPLETING THIS FORM PLEASE ENSURE YOU HAVE DONE THE FOLLOWING:

I have read the Plaques and Memorials Policy Yes I/my organisation understand the funding requirements associated with my proposal Yes I have discussed my proposal (including the location) with a City of Melbourne officer Yes										
APPLICANT DETAILS										
Title		First name			Surname					
Company name										
Unit/Level/Number			Street							
Suburb			Postcode							
Postal a	ddress (if d	ifferent to above)							
			<u>.</u>			Postcode				
Phone number during business hours										
Email address										
1. MY ORGANISATION'S PROPOSAL IS FOR THE FOLLOWING: (If you require more room, please attach a separate sheet)										

2. LOCATION: I have discussed the location of my proposal with a City of Melbourne officer. (Refer to the Plaques and Memorial Policy p. 3)
The characteristics I require of the location for my proposal are: (Refer to the Plaques and Memorial Policy p. 3)
3. GRAVITAS, ACCURACY AND COMMUNITY SUPPORT:
I/we believe that the subject that this proposal relates to is the only one in Victoria. Yes
This proposal is significant to the civic, cultural or political life of Melbourne and is of enduring interest to the people of Melbourne for the following reasons: (Refer to the Plaques and Memorial Policy p. 3)
This proposal is of particular interest to the following communities within Melbourne: (Refer to the Plaques and Memorial Policy p. 3)
I/my organisation can demonstrate the support of these communities in the following ways: (Refer to the Plaques and Memorial Policy p. 3-4)

I/my organisation will commit to ongoing engagement with relevant communities until this project is complete.						
☐ Yes						
I/we believe the factual content associated with this/these memorial/plaque/s has been thoroughly researche and understand the facts may require community and City of Melbourne endorsement for the proposal to proceed. Yes						
4. BUSINESS						
For those applications that relate to a business, I/my organisation believe this business has had an enduring social impact on Melbourne for the following reasons:						
I/we acknowledge that logos and brandings are not permitted on plaques and memorials in the City of Melbourne. Yes						
5. FUNDING						
Do you have the funds to pay for this proposal or can you raise the funds \square Yes						
If your application relates to memorials, please outline your funding sources below (e.g. grants, community donations etc).						
6. TEST OF TIME						
The subject of my proposal (except for clusters of plaques) has been deceased at least five years and/or the event occurred more than five years ago \square Yes						
I understand it may take some time for my proposal to be considered and actioned by the City of Melbourne; and that delivery of memorial can take several years \square Yes						
7. ARTISTIC MERIT AND FORM						
I/my organisation will collaborate with the City of Melbourne on my proposal as required. I understand that memorials require concept, artist selection, design, durability, environmental sustainability and maintenance; plaques require collaboration on texts only. \square Yes						
8. DIGITAL ADDITIONS (FOR PLAQUE AND MEMORIALS CLUSTERS ONLY)						
Should the proposed plaque or memorial proceed to installation, I/my organisation will provide any additional material required to enable accurate information to be placed on the City of Melbourne's digital maps. \square Yes						
(Optional) To supplement my proposal, I/my organisation are considering the following digital enhancements:						

9. POLICY			
Are you aware that local	and state government policies and	legislation ca	n relate to new memorials. Yes
Please list relevant polic only).	es and legislations relating to your a	application (th	is applies to memorial applications
10. RELOCATION AN	D REMOVAL		
plaques and memorials.	wledges that, if circumstances requi After 10 years, if circumstances req plaques and memorials. Yes	•	of Melbourne may need to relocate ty of Melbourne may need to remove
10. APPLICANT DEC	LARATION		
	ation I have provided is true and cor n familiar with the information releva		
Applicant signature		Date	
Organisation (if applicable)		Date	
Privacy Policy			
collected by the City of Melb need to contact you from tim party without your consent, u application cannot be proces	nmitted to protecting your privacy. The persourne for the primary purpose of assessing to to time for directly related purposes. Your unless required or authorised by law. Failure seed. If you wish to gain access to, or alter a this application, please contact us on 03 96 v.au/Pages/Privacy.aspx	your eligibility for personal inform to provide the in any personal info	r a Plaque or Memorial only. We may also ation will not be disclosed to any external information requested, means your rmation you have supplied to the City of

HOW TO APPLY

Please submit the completed form and attachments by:

≡ Mail	In Person
The Chair Plaques and Memorials Committee	Melbourne Town Hall
City of Melbourne	120 Swanston Street, Melbourne
GPO Box 1603	7.30am to 5.00pm Monday to Friday
MELBOURNE VIC 3001	Closed Public Holidays