

Change of key person

Form		
	ing Church congregation/Pres	bytery/activity
Organisation name		
_	inisation email address	
Orga	inisation phone number	
Orga	inisation ABN	
Ch	ange of details in	formation
1.	Type of change	☐ Commenced ☐ Ceased ☐ Changed details
2.	Date of change	
3.	Key person's name	Title
		Family name
		Given name
		Other given name(s)
		Preferred name
4.	Positions held	Church council chairperson Church council member
	Select all that apply	Church council secretary Other
		Church council treasurer
5.	Contact and	Date of birth
	identifying details	Residential address
	Not required for persons ceasing	
		Business hours phone number
		Mobile phone number
		Email address
6. Cultural and language diversity		diversity
	Not required for persons ceasing	Is the person of Aboriginal origin?
		Is the person of Torres Strait Islander origin?
		Language mainly spoken at home, other than English
Foi	rm completion an	d authority for the Synod office to use information
7.	Form completed by	Full name
		Position held
		Date of completion
The information contained in your response to this form will be collected, used and stored in accordance with the Uniting Church in Australia, Queensland Synod's Privacy Policy and Collection Statement, available at ucaqld.com.au/Synod-Services/policies		
The Synod office will update data held by it and use the data as required by law, including but not limited to lodging your information with any government bodies (i.e. bulk lodgement with the ACNC). The data may be shared between the Synod office and authorised Church bodies and individuals for the purposes of performing their roles within the Church.		
Please advise in writing if you do not wish this to occur, now or at any time in the future.		
Please return this form via email to directory@ucaqld.com.au		