

LRS® LIFE RISK SPECIALIST

Special Needs Form



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| FPA Member ID: | Semester: |
| First Name: | Surname: |
| Email: | Phone: |

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|--|-----------------------------------|----------------------------------|-----------------------------------|--|
| What is your disability/medical condition: | | | | |
| Please tick the areas affected by your disability/medical condition: | | | | |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Learning | <input type="checkbox"/> Hearing | <input type="checkbox"/> Mobility | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Other: | | | | |

Please provide a written request which outlines:

- The nature of your disability
- Details of the specific assistance required, and
- Details of any specific assistance previously granted.

Complete this form, your written request and supporting medical documentation and send to us no later than the dates outlined below.

| Final date to return form and supporting documentation | Semester 1 1 April | Semester 2 1 September |
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PRIVACY

The FPA is committed to ensure the personal information of all members are collected, used, handled, stored and disclosed in compliance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

The FPA's Privacy Statement (also referred to as Privacy Policy) (available online at <http://fpa.asn.au/privacy>, or upon request) outlines the way in which the FPA will comply with the obligations under the Privacy Act, including an outline on the kind of personal information that will be collected and held, how personal information is collected and held, the purpose of the collection of personal information, how an individual can access personal information and the way in which the FPA will store and disclose personal information.

In the course of FPA activities, the FPA collects and holds personal information. Please be aware that the main purposes for collecting that personal information include those set out in FPA's Privacy Statement. Please ensure that you read this Privacy Statement prior to completing this form.

DECLARATION

| | |
|-----------------------------------|---|
| <input type="checkbox"/> | I hereby declare that the statements made in this application are complete and true. |
| <input type="checkbox"/> | I acknowledge that I have read and understood the FPA Privacy Statement/Privacy Policy, as amended from time to time. I consent to the collection, use and disclosure of any information provided in this form and otherwise held or acquired by FPA in accordance with and for the purposes outlined in the Student Privacy Statement contained within the FPA Student Handbook. I have read and agree to all the policies, procedures, and rules as outlined in the FPA Student Handbook as well as those on the FPA website www.fpa.asn.au/privacy . |
| Your signature: _____ Date: _____ | |

Please send your completed form to:

Professional Designations, Financial Planning Association, GPO Box 4285, Sydney NSW 2001 or email enrolments@fpa.asn.au