

APPLICATION TO JOIN THE FPA CERTIFIED FINANCIAL PLANNER®



FINANCIAL PLANNING
ASSOCIATION *of* AUSTRALIA

PLEASE COMPLETE THIS FORM USING BLOCK LETTERS

Please send your completed application to:
Financial Planning Association, GPO Box 4285, Sydney NSW 2001 or email fpa@fpa.asn.au

1. APPLICATION DETAILS

<input type="checkbox"/> I am new to the FPA	
<input type="checkbox"/> I am an existing FPA member	FPA Member ID (if known):

2. PERSONAL DETAILS

Title:	DOB:	Home phone:
First name:		Mobile:
Middle name:		Email (primary):
Surname:		Email (secondary):
Previous name (if any):		Preferred name:

Mailing address:		
Suburb:	State:	Postcode:
Street address:		
Suburb:	State:	Postcode:

3. WORK DETAILS

Company:
Job title:
AFSL name:
Business phone:
Individual ASIC Register Number:
If you are a Registered Tax Agent with the Tax Practitioners Board, please provide your registration number: _____

4. CFP CERTIFICATION EXAMINATION

When did you complete the CFP Certification examination (CFPC)?	
Semester:	Year:

5. RECORD OF EXPERIENCE (Please provide Authorised Representative documentation with your application. Photocopies are acceptable)

<input type="checkbox"/> I have at least 3 years' relevant experience, including at least one year as an Authorised Representative
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6. MY PERSONAL DECLARATION (If answering yes to any question please attach a note outlining the circumstance)

I declare that I meet the eligibility requirements of the FPA for the appropriate designation, and declare the following statements to be true and correct. In the past 10 years I have been:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Refused an ASIC Dealers License or Australian Financial Services License, or had one varied, suspended or revoked.
<input type="checkbox"/>	<input type="checkbox"/>	Convicted of an offence in relation to dishonesty, misappropriation or fraud.
<input type="checkbox"/>	<input type="checkbox"/>	Convicted of an offence for which the maximum penalty is imprisonment for a term exceeding six months.
<input type="checkbox"/>	<input type="checkbox"/>	A director of a company which has gone into voluntary liquidation, or to which a Receiver, a Provisional Liquidator, a Liquidator, a Scheme Manager or an Official Manager has been appointed while I was a Director.
<input type="checkbox"/>	<input type="checkbox"/>	A defendant or respondent in a regulatory agency or self-regulatory organisation proceeding or the subject of a regulatory or self-regulatory organisation inquiry or investigation.
<input type="checkbox"/>	<input type="checkbox"/>	An undischarged bankrupt or ever declared bankrupt.
<input type="checkbox"/>	<input type="checkbox"/>	Refused professional indemnity insurance cover.
<input type="checkbox"/>	<input type="checkbox"/>	A defendant or respondent in a civil action, which includes but is not limited to, any lawsuit, arbitration, conciliation or mediation, relating to my professional business, or personal conduct.
<input type="checkbox"/>	<input type="checkbox"/>	The subject of a claim in relation to professional indemnity insurance or any complaint made to an external complaints resolution scheme.
<input type="checkbox"/>	<input type="checkbox"/>	The subject of disciplinary proceedings or investigations by any professional body or association.
<input type="checkbox"/>	<input type="checkbox"/>	Engaged in unethical conduct prejudicial to the interests of the FPA.
<input type="checkbox"/>	<input type="checkbox"/>	Dismissed or had a proper authority/Authorised Representative or life insurance agency withdrawn on ethical or legal grounds.

7. SUPERVISOR'S DECLARATION*

The person completing this section must be either a CFP® practitioner, a supervisor, or an acceptable licensee nominee who can verify the bona fides of the applicant.

I can confirm that (applicant's name):

<input type="checkbox"/>	Is engaged in providing personal financial planning advice to clients as their primary occupation; AND
<input type="checkbox"/>	Has been doing so for at least the past three years.
Name:	Position:
Signature:	Date:

*If sole director, please submit a Certified Statutory Declaration

8. PAYMENT DETAILS

CFP® Membership is \$895 plus \$200 advertising levy per annum (GST inclusive)

Please charge my credit card for \$1095 ☐ Mastercard ☐ Visa

Card number:

Expiry date:

CCV:

Cardholder's name:

Cardholder's signature:

Date:

9. PRIVACY STATEMENT

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 www.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.

10. DECLARATION

☐ I agree to be listed on Find a Planner on the FPA website.

☐ I acknowledge that I have read and understood the FPA Privacy Statement/Privacy, as amended from time to time. I acknowledge that in the course of the FPA's activities, the FPA will collect, hold, store, use and disclose my personal information, both within Australia and overseas, in accordance with and for the purposes outlined in the FPA Privacy Policy, and I consent to this collection, holding, storage, use and disclosure contained in this Application Form, and during the term of my membership (if approved).

☐ I understand that my membership of the FPA is at the FPA's discretion and my membership may be revoked at any time without notice.

☐ I hereby declare that the statements made in this application are complete and true at the time of applying for FPA membership. I am not aware of anything which will make me ineligible for, or would preclude me from becoming a member.

Your signature:

Date:

11. CHECKLIST (Please check that you have the following. Photocopies are acceptable)

☐ Complete and sign the application form.

☐ Ensure the supervisor declaration section is completed.

☐ Include payment details.

☐ Include evidence of minimum 1 year Authorised Representative status or a letter confirming this status from your licensee/employer.

MEMBERSHIP TERMS AND CONDITIONS

All FPA professionals proudly commit to the professional expectations established by their peers and incorporated in documents such as the FPA Code of Professional Practice and FPA Constitution.

Deed of Professional Obligation

As an FPA professional, I acknowledge that signing this document to become an FPA member represents my personal agreement to abide by the Terms and Conditions of this application and to be bound by the FPA Constitution and the FPA's requirements(*), and any properly authorised amendments to those requirements, throughout the life of this membership.

Eligibility

I confirm I am eligible to become a member of the FPA in accordance with the Eligibility Regulation and understand that my membership may be immediately cancelled if it is found that after being granted such I do not meet the eligibility criteria. Any application for membership may be refused by the FPA in its absolute discretion. Applicants whose application has been rejected by the FPA have 30 days, from the date the notice of rejection is issued, to lodge an appeal to the Board.

I authorise the FPA and its duly appointed officers to inspect client files and associated documents for the purposes of any proceedings, investigation, audit, this application or any other reasonable purpose of the FPA.

Member responsibilities

I confirm that I have read the FPA Constitution, the Regulations, the Code of Ethics, Rules of Professional Conduct and Practice Standards and understand my obligations.

I agree to abide by the spirit of the above documents and will participate openly in any proceedings or investigations undertaken by the FPA and that I will provide information to the FPA as required. I understand that my failure to satisfy these conditions is a material breach of my membership and that consequently my membership may be immediately cancelled.

I authorise the FPA and its duly appointed officers to inspect client files and associated documents for the purposes of any proceedings, investigation, audit, this application or any other reasonable purpose of the FPA.

I authorise the investigation of all statements contained in this application and release all parties from liability or claims for damages with respect to furnishing such information.

Continuing Professional Development

I agree to undertake the quantity and quality of ongoing CPD as required by the FPA from time to time and I understand that my failure to satisfy those conditions is a material breach of my membership and that consequently my membership may be immediately cancelled. CFP practitioner members are required to complete 120 hours of CPD points per triennium, with at least 35 points each year. The next triennium period is 1 July 2012 to 30 June 2015.

Usage of the CFP Marks

The applicant acknowledges and agrees that permission to use the certification marks CFP®, CERTIFIED FINANCIAL PLANNER® and  is granted by the Financial Planning Association of Australia Limited as the licensing authority for the CFP Marks in Australia, through agreement with the Financial Planning Standards Board Ltd (FPSB).

The applicant understands that CFP certification membership is limited to a fixed period of time. At the end of the time period, if membership is not renewed, the certification/right to use the AFP designation expires and any right to use the CFP Marks and any specialist designation will terminate upon expiration of the certification and without prejudice to any right the FPA or FPSB may have against the applicant for any antecedent breaches of the Code of Ethics, Rules of Professional Conduct and the Constitution and for the misuse of the CFP Marks or the AFP Mark prior to the termination of the membership period. If the applicant fails to comply with membership/certification renewal requirements, the applicant agrees to cease use of the CFP Marks/AFP Mark/other FPA marks immediately.

All FPA professionals proudly commit to the professional expectations established by their peers and incorporated in documents such as the FPA Code of Professional Practice and FPA Constitution.

Please send your completed application with supporting evidence to:

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