

Application for recognition as a

CA Financial Planning Specialist

This form is to be completed by members wishing to apply to become a CA Financial Planning Specialist. Additional information can be found at www.charteredaccountantsanz.com/learning-and-events/specialisations/financial-planning.

Applicants should read Chartered Accountants Australia and New Zealand's (CA ANZ) regulation CR6C prior to completing this application. The regulation can be accessed at www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/australian-regulations.

Please complete **all sections** of this application and return with payment details to the Chartered Accountants Australia and New Zealand's office (see **page 7** for contact details).

Section 1 – Personal details

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Preferred name When did you become a member (year)?

Section 2 – Contact details

Residential contact details

Street address Suburb/City

State Postcode Country

Postal address Suburb/City

State Postcode Country

Email

Phone (home) Mobile

Business contact details

Company name

Position title

Street address Suburb/City

State Postcode Country

Postal address Suburb/City

State Postcode Country

Email (business)

Phone (business) Mobile

Preferred contact details

Postal address (select **one** only) Home street address Home postal address
 Business street address Business postal address

Email (select **one** only) Home email Business email

Section 3 – Criteria/requirements

In line with **CR6.5**, an Individual Member applying for specialisation must meet the specific service pre-requisites required for the specialisation for which they are applying.

Regulation **CR6C** (Regulation relating to Financial Planning Specialisation) recognises those Individual Members who have undertaken specific relevant study and gained experience in financial advice, to such a level that they are recognised as having specialist skills in the field.

In satisfying the educational component of the Financial Planning Specialisation an applicant will be required to

undertake courses recognised by CA ANZ for the purposes of this specialisation and will be required to provide an academic transcript detailing the required courses undertaken and their successful completion.

In satisfying the experience component of the Financial Planning Specialisation an applicant is required to have a minimum of four (4) years practical experience within the previous ten (10) years, where at least 50% of employment is related to financial advice. Also, an applicant must provide evidence of being licensed or authorised to offer financial advice.

Education history

I have completed the education requirements to become licensed or authorised to offer financial advice.

Please outline the details of your educational history below including completed undergraduate degree. A **certified copy** of the qualification and related academic transcript must be attached to this application. (Please attach additional pages to this application if space provided is insufficient.)

Qualification 1

Name of award

Name of institution/ Training provider Year completed

Qualification 2

Name of award

Name of institution/ Training provider Year completed

Qualification 3

Name of award

Name of institution/ Training provider Year completed

Qualification 4

Name of award

Name of institution/ Training provider Year completed

Section 3 continued overleaf >

Membership of other relevant organisations

Please list your membership of any other financial advice related association, and the level of membership:

Name of organisation	Member number	Level of membership	Years as a member

Experience

In accordance with clause CR6.4(b)(ii), I am currently an Australian financial services licensee or an authorised representative of a licensee. I have **attached** evidence to certify this. (e.g. Australian Financial Services Licence (AFSL) or Authority to Act as representative, etc.)

Please outline the details of your practical experience below. (Please attach additional pages to this application if space provided is insufficient.)

Current company name

Company street address Suburb/City

State Postcode Country

AFSL name (if applicable) AFSL No. (if applicable)

Position title

Position activities

Employment type Full-time Part-time at hours per week

Duration of employment / / to / / = years months
(DD/MM/YYYY) (DD/MM/YYYY)

Previous company name

Company street address Suburb/City

State Postcode Country

AFSL name (if applicable) AFSL No. (if applicable)

Position title

Position activities

Employment type Full-time Part-time at hours per week

Duration of employment / / to / / = years months
(DD/MM/YYYY) (DD/MM/YYYY)

Section 3 continued overleaf >

Previous company name

Company street address Suburb/City

State Postcode Country

AFSL name (if applicable) AFSL No. (if applicable)

Position title

Position activities

Employment type Full-time Part-time at hours per week

Duration of employment / / to / / = years months
(DD/MM/YYYY) (DD/MM/YYYY)

Additional relevant information:

Section 4 – Privacy statement and Declaration

Privacy statement

By providing personal information to us in this form you consent to Chartered Accountants ANZ (all boxes must be ticked in order for Chartered Accountants ANZ to progress your application):

- (a) using and disclosing your personal information in accordance with our Privacy Policy, available at www.charteredaccountantsanz.com/privacy-policy;
- (b) disclosing to third parties your (current or former) status as a member of Chartered Accountants ANZ;
- (c) disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by the Disciplinary Tribunals or Appeal Tribunals (or their predecessor bodies, as they may be reconstituted or renamed from time to time); and
- (d) collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious, religious beliefs or affiliations, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one more of the functions or activities of Chartered Accountants ANZ.

We collect, use and disclose your personal information in connection with your application, the management and administration of members and/or programs, the provision of products and services and/or to communicate with you. If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC, the Companies Office, and other regulators and government and statutory bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing your information for promotional and marketing purposes. You can optout by contacting us at privacy@charteredaccountantsanz.com or on 1300 137 322 in Australia or 0800 469 422 in New Zealand. We may also have collected information about you from a third party. It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how Chartered Accountants ANZ handles your personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with as well as details about the disclosure of your information to entities overseas. By providing us with your information, you consent to us using, disclosing and otherwise handling your information as set out above and in that Privacy Policy.

Declaration

By signing below you declare, consent, agree and accept each of the following:

1. I declare that the information provided in this application is true and correct.
2. I agree to produce such further evidence and information in relation to this application as may be required by CA ANZ.
3. I agree to be bound by the decision of the CA ANZ subject to my rights of appeal.
4. If my application is accepted, I undertake to satisfy the ongoing training and development in accordance with **CR6.18, CR6.6(a)**.
5. Unless I have indicated to the contrary by ticking the box below, I consent to my details which I have provided to the CA ANZ, and any changes to those details, being published by CA ANZ (including on a website) for the purposes of identifying me as a CA Financial Planning Specialist.
- I do not consent to my details which I have provided to CA ANZ being published by the CA ANZ for the purposes of identifying me as a CA Financial Planning Specialist.
6. I declare that I satisfy the relevant practical experience requirements, where at least 50% of employment is related to Financial Planning, in accordance with **CR6.4(d)**.

Please sign and date

Signature

Date / /
(DD/MM/YYYY)

Section 5 – Fee and payment details

Fees payable:

The application fee comprises two components as follows:

1. Application fee (for approved applicants only)	\$	<input type="text"/>
2. Specialist subscription fee	\$	<input type="text"/>
Total amount payable:	\$	<input type="text"/>

Payment method:

You will receive an email notifying you of the approval of your application, pending payment of an invoice which has been posted on your My CA account. The invoice will include both the application and specialist subscription fees.

The invoice is payable by:

- Chartered Accountants Amex
 Amex Visa MasterCard Diners Club

Fees:

1. Application fee:

An application fee of **AUD\$231.82** or **NZ\$276.30** is payable for **approved applications only**.

2. Specialist subscription fee:

The specialist subscription fee is based on a financial year (July to June). A pro-rata fee applies if the application is approved in any month other than July (see **table below**).

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AUD\$ (incl. GST)	315.00	288.75	262.50	236.25	210.00	183.75	157.50	131.25	105.00	78.75	52.50	26.25
NZ\$ (incl. GST)	360.00	330.00	300.00	270.00	240.00	210.00	180.00	150.00	120.00	90.00	60.00	30.00

Section 6 – Checklist

I have completed: (please cross)

- All the applicable sections (1 – 4)

I have provided/attached the following: (please cross)

AFS Licence and Authorised Representative Certificate

A copy of your AFSL as evidence of currently being licensed to provide financial advice e.g.: 'AFSL' or 'Authority to Act as a Representative'

FASEA Professional Development Standard

Evidence of having met the FASEA Professional Development Standard through development programs and activities including the mandatory categories Technical, Client Care and Practice, Regulatory Compliance and Consumer Protection and Professionalism and Ethics

- Certified copies of qualifications and related academic transcripts

- Copy of 'Training and Development Form/CPD Log' (for at least last 12 months)

- Referee report** – Australian Financial Services Licensee (AFSL)/CA or Professional Colleague/Client if the applicant is a Licence Holder

- Referee report** – CA ANZ member

- Referee report** – External Professional Colleague or Client (may be a Chartered Accountant)

Section 7 – Submitting your application form

How to submit your application

Please return your completed application form with accompanying attachments to:

Email assessment@charteredaccountantsanz.com

Any questions

For further enquiries or additional information please contact the Member Support Team on:

Email service@charteredaccountantsanz.com

Phone **Australia**

1300 137 322 or +61 2 9290 5660 (outside of Australia)
7am-7pm (AEST), Monday-Friday (excl. Public Holidays)

New Zealand

0800 4 69422 or +64 4 474 7840 (outside of NZ)
9am-9pm (NZ time), Monday-Friday (excl. Public Holidays)

Website charteredaccountantsanz.com

Referee report form

Australian Financial Services Licensee (AFSL)/CA or Professional Colleague/Client
if the applicant is a Licence Holder

This form will support the application for recognition as a **CA Financial Planning Specialist**.

Section 1 – Applicant’s details

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Company name

Section 2 – Referee’s details

Important information for referees

Chartered Accountants Australia and New Zealand (CA ANZ) has established a Financial Planning Specialisation to recognise, support and promote Chartered Accountants offering quality financial advice to clients. The Specialisation will also be a mechanism through which CA ANZ demonstrates leadership in the financial planning advice industry.

The reference must be **prepared by the referee themselves**. The reference should not be a ‘form’ letter that is simply signed by the referee.

Members need to demonstrate a minimum of four (4) years practical experience within the previous ten (10) years, where at least 50% of employment is related to financial advice.

In accordance with **CR6.5(a)**, three written references must be provided in support of the application for Financial Planning specialisation. Please note that:

- At least one of these references must be from a Chartered Accountant with three (3) years membership or more who has known the applicant for 12 months or more (**CR6.5(b)**).

- All of the references must attest to the applicant’s skills and knowledge in financial advice (**CR6.5(c)**).
- At least one of the references must be from the licence holder with whom the applicant is licensed.
- Where the applicant is the licence holder, the applicant should instead provide a reference from a member of CA ANZ who can attest to the applicant’s current involvement in financial advice **CR6.5(d)**.
- Where the applicant is the licensee and engages a third party compliance firm then a reference can be provided by this firm.
- References should not be from a family member or employee of the applicant. (**CR6.5(f)**)
- One of the non-Licensee references should be from a person outside the organisation who may also be a CA. (**CR6.5(e)**).
- The reference must be prepared by the referee themselves and should not be a ‘form’ letter that is simply signed by the referee. Note: an electronic signature is permitted for the Referee’s Report. (**CR6.5(g)**).

Personal details

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

CA Membership number (where applicable)

Business contact details

Company name

Position title

Street address Suburb/City
 State Postcode Country

Postal address Suburb/City
 State Postcode Country

Email (business)

Phone (business) Mobile

Membership of other relevant organisations

Name of organisation	Member number	Level of membership	Years as a member

Qualifications

Institution	Course/Qualification	Year completed

Applicant

Relation to applicant
 (Note: Reference can not be from a family member or an employee who reports to the applicant)

Period of time the applicant has been involved in the area of financial advice years

Describe the range of work undertaken and services offered by the applicant in the area of financial advice.

When was the applicant's last 'Compliance Report Review'?
 (DD/MM/YYYY)

Continued overleaf >

Was the applicant's most recent 'Compliance Report' satisfactory?

Yes No

If **No**, please outline the reasons below: (if insufficient space, please attach an additional sheet)

Are there any restrictions/limitations on the applicant as the Authorised Representative of the AFS Licensee?

Yes No

If **Yes**, please outline the reasons below: (if insufficient space, please attach an additional sheet)

In light of your knowledge of this applicant, would you support the application for specialist membership?

Yes No

Please provide any other information you consider relevant to the application for specialist membership:

(if insufficient space, please attach an additional sheet)

I certify that the information given above is true and correct.

Signature

Date

/ /

(DD/MM/YYYY)

For assistance in completing the form, please contact us on:

Email assessment@charteredaccountantsanz.com

Phone Australia

1300 137 322 or +61 2 9290 5660 (outside of Australia)
7am-7pm (AEST), Monday-Friday (excl. Public Holidays)

New Zealand

0800 4 69422 or +64 4 474 7840 (outside of NZ)
9am-9pm (NZ time), Monday-Friday (excl. Public Holidays)

Referee report form

Chartered Accountants Australia and New Zealand member

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Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Company name

Section 2 – Referee’s details

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CA Membership number (where applicable)

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Company name

Position title

Street address Suburb/City

State Postcode Country

Postal address Suburb/City

State Postcode Country

Email (business)

Phone (business) Mobile

Membership of other relevant organisations

Name of organisation	Member number	Level of membership	Years as a member

Qualifications

Institution	Course/Qualification	Year completed

Applicant

Relation to applicant

(Note: Reference can not be from a family member or an employee who reports to the applicant)

Period of time the applicant has been involved in the area of financial advice years

Please comment on the applicant's skills, knowledge and experience in financial advice. You may also add some comments regarding their character and reputation: (if insufficient space, please attach an additional sheet)

Continued overleaf >

I certify that the information given above is true and correct.

Signature

Date

(DD/MM/YYYY)

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Referee report form

External Professional Colleague or Client (may be a Chartered Accountant)

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Given name/s (in full) Surname

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Personal details

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

CA Membership number (where applicable)

Business contact details

Company name

Position title

Street address Suburb/City

State Postcode Country

Postal address Suburb/City

State Postcode Country

Email (business)

Phone (business) Mobile

Membership of other relevant organisations

Name of organisation	Member number	Level of membership	Years as a member

Qualifications

Institution	Course/Qualification	Year completed

Applicant

Relation to applicant

(Note: Reference can not be from a family member or an employee who reports to the applicant)

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Continued overleaf >

I certify that the information given above is true and correct.

Signature

Date

(DD/MM/YYYY)

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