

SMSF Specialisation Pre-enrolment Form

Experienced Pathway – Specialisation via Online Course and Practical Experience

This form is to be completed by members wishing to be considered for enrolment to become a SMSF Specialist via the Experienced Pathway.

Additional information can be found at charteredaccountantsanz.com/learning-and-events/specialisations/smsf

CA ANZ USE ONLY:

Application received date

Approved Declined

Date

Please complete **ALL** sections and submit to Chartered Accountants Australia and New Zealand as indicated in **section 5**. Please print in **BLOCK LETTERS**.

Section 1 – Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other →	<input type="text"/>	Membership number	<input type="text"/>
Given name/s (in full)	<input type="text"/>		Family name	<input type="text"/>
Preferred name	<input type="text"/>		When did you become a member (year)?	<input type="text"/>
Email	<input type="text"/>			
Phone	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>

Section 2 – Online Course Pre-enrolment

I am interested in enrolling in the following SMSF Specialisation Online Course:
(Please select which year, intake and delivery mode listed below)

YEAR	→	INTAKE	→	DELIVERY MODE
<input type="text"/>		<input type="checkbox"/> Intake 1 <input type="checkbox"/> Intake 2		<input type="checkbox"/> Online course and assessments

Section 3 – Practical Experience

Practical Experience

In accordance with Chartered Accountants Australia and New Zealand's regulation **CR6A.4(iv)** an individual member applying for recognition as a CA SMSF Specialist is required to have:

- A **minimum of four (4) years** practical experience within the previous ten (10) years where at least 40% of their employment was related to Self Managed Superannuation Funds.

Before enrolling in the online course you are required to provide details which outline how you meet this practical experience component. Please outline the details of your practical experience in **Section 3**.

PRACTICAL EXPERIENCE

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

Current company name	<input type="text"/>						
Current company street address	<input type="text"/>	Suburb/City	<input type="text"/>				
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		
Position title	<input type="text"/>						
Position activities	<input type="text"/>						
Employment type	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	at <input type="text"/>	hours per week			
Duration of employment	<input type="text"/>	to	<input type="text"/>	=	<input type="text"/>	/	<input type="text"/>
	(DD/MM/YYYY)		(DD/MM/YYYY)		Years		Months

Previous company name	<input type="text"/>						
Company street address	<input type="text"/>	Suburb/City	<input type="text"/>				
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		
Position title	<input type="text"/>						
Position activities	<input type="text"/>						
Employment type	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	at <input type="text"/>	hours per week			
Duration of employment	<input type="text"/>	to	<input type="text"/>	=	<input type="text"/>	/	<input type="text"/>
	(DD/MM/YYYY)		(DD/MM/YYYY)		Years		Months

SELF MANAGED SUPERANNUATION FUNDS EXPERIENCE

Please confirm your relevant experience by checking the boxes beside each of the following:

SMSF Specific

- Administration/Accounts of SMSF including regulatory return preparation (subject ATO regulation)
- SMSF Audit of non-administered funds
- SMSF Advice – financial services for their administered funds and/or others including insurance, investment & borrowing advice related to SMSFs
- Other (please specify)

SMSF Related

- Superannuation industry fund administration (subject to APRA regulation)
- Superannuation advice in relation to the individual/company tax return preparation
- Insurance, investment & borrowing advice related to non SMSF superannuation funds

Section 4 – Declaration

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

PLEASE SIGN AND DATE

Signature

Date

(DD/MM/YYYY)

Section 5 – Submitting your application form

HOW TO SUBMIT YOUR FORM

Please submit your completed form to:

EMAIL specialisation@charteredaccountantsanz.com

PLEASE NOTE:

The Pre-enrolment process will involve seeking advice from the relevant divisions regarding any outstanding quality review or professional conduct issues which relate to the applicant.

ANY QUESTIONS

If you have any questions you can contact the Customer Service Centre at:

EMAIL service@charteredaccountantsanz.com

PHONE **AUSTRALIA** **1300 137 322** (inside Australia)
NEW ZEALAND **0800 469 422** (inside New Zealand)
OVERSEAS **+61 2 9290 5660** (outside Australia)

WEBSITE charteredaccountantsanz.com/learning-and-events/specialisations/smsf

Section 6 – Privacy

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;
- (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 opt-out 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.