

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 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 charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/australian-regulations

CA ANZ USE ONLY:

Application received date

 / /

Approved Declined

Date / /

Please complete ALL SECTIONS of this application and return with payment details to the CA ANZ's office (see page 6 for contact details). Please print in BLOCK LETTERS.

Section 1 - Personal details

Title Mr Mrs Miss Ms Other Membership number

Given name/s (in full) Family name

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

Section 2 - Contact details

1. Personal contact details

Street address Suburb/City

State Postcode Country

PO Box address

State Postcode Country

Email (home)

Phone (home) Fax (home) Mobile

2. Business contact details

Company name

Position title

Street Address Suburb/City

State Postcode Country

PO Box address

State Postcode Country

Email (business)

Phone (business) Fax (business) Mobile

3. Preferred contact details

Postal address: Home street address Home PO Box address
 Business street address Business PO Box address

Email address: Home Work

Section 3 - Criteria/requirements

In line with CR6/1405, 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 planning, 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 two (2) years practical experience within the previous five (5) years, where at least 50% of employment is related to Financial Planning. Also, an applicant must provide evidence of being licensed or authorised to offer financial planning advice.

i. Education history

I have met the Australian Securities and Investment Commission (ASIC) RG 146 competency requirements for the specialist knowledge and skill areas through the completion of ASIC RG 146 compliant training courses.

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

Membership of other relevant organisations.

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

NAME OF ORGANISATION	MEMBER NUMBER	LEVEL OF MEMBERSHIP	YEARS AS A MEMBER

ii. Experience

In accordance with clause 1701.2 of Regulation CR6C, I am currently an authorised representative of a license to provide financial services advice. 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

Current company street address Suburb/City

State Postcode Country

AFSL name AFSL No.

Position title

Position activities

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

Duration of employment / / to / / = /
Years Months

AFSL Name (if applicable) AFSL No. (if applicable)

Company name

Company street address Suburb/City

State Postcode Country

AFSL name AFSL No.

Position title

Position activities

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

Duration of employment / / to / / = /
Years Months

AFSL Name (if applicable) AFSL No. (if applicable)

Company name

Company street address Suburb/City

State Postcode Country

AFSL name AFSL No.

Position title

Position activities

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

Duration of employment / / to / / = /
Years Months

AFSL Name (if applicable) AFSL No. (if applicable)

Additional relevant information

iii. References

Important reference/referee information

In accordance with CR6C/1705, three written references must be provided in support of the application for FP 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 (CR6C/1705.1)
- All of the references must attest to the applicant's skills and knowledge in financial planning (CR6C/1705.2)
- 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 planning (CR6C/1705.2)
- 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.
- One of the non-Licensee references should be from a person outside the organisation who may also be a CA.
- 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.

Reference names

Please supply the names of the references you are attaching to support your application. The references would include: CA (required); AFSL Licensee (if applicable) and external professional colleagues/clients (required).

Reference 1

Name of referee

Current position

Company name

Contact number Mobile

Reference 2

Name of referee

Current position

Company name

Contact number Mobile

Reference 3

Name of referee

Current position

Company name

Contact number Mobile

Section 4 - 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 CR6/1416, CR6C/1706 & CR6C/1707.
5. If my application is accepted, I agree to participate in a peer review, when requested by CA ANZ and pay any associated fee, as prescribed by the Institute in accordance with CR6/1417 & CR6C/1708.
6. If my application is accepted, I agree to participate in a peer review, as a reviewer, when requested by CA ANZ in accordance with CR6/1418 & CR6C/1709.
7. 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 FP 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 FP Specialist.
8. I declare that I satisfy the relevant practical experience requirements, where at least 50% of employment is related to Financial Planning, in accordance with CR6C/1702.

Signature

Date

Section 5 - 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.

Section 6 - Fee and Payment details

i. Fees:

• Application fee

An Application fee of \$220 is payable for **approved applications only**.

• Specialist membership fees

The specialist membership 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
Fee Payable	AU\$ (incl GST)	264.00	242.00	220.00	198.00	176.00	154.00	132.00	110.00	88.00	66.00	44.00	22.00

Yes, I authorise Chartered Accountants Australia and New Zealand to deduct the appropriate fees from my credit card. (see payment details provided below)

ii. Payable by:

- Chartered Accountants Amex
 Amex Visa Mastercard Diners Club

Card number / /

Expiry date /

Cardholder name

Cardholder signature

Section 7 - Checklist

I have completed (please cross):

All the applicable sections (1 – 5)

I have provided/attached the following (please cross)

Payment authorisation/payment for the application

AFS Licence and Authorised Representative Certificate

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

ASIC RG 146 competence requirements approved training

Evidence of having met the Australian Securities and Investment Commission (ASIC) RG 146 competency requirements for the following specialist knowledge and skill areas through the completion of ASIC courses. General and specialist knowledge areas: Generic, Financial Planning, Managed Investments, Superannuation, Insurance, Securities, Derivatives

Certified copies of qualification and related academic transcripts

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

Training & Development Record Form/CPD Register

Evidence of Training & Development qualifying hours for the last 12 months

Referee Report No. 1

Referee Report No. 2

Referee Report No. 3

Section 8 - Submitting your application form

Please submit your completed application form/supporting documents with payment to:

EMAIL assessment@charteredaccountantsanz.com

OR



If you have a 'digital signature'
simply click the **submit button**

For further enquiries or additional information please contact the Chartered Accountants Service Centre on:

EMAIL service@charteredaccountantsanz.com

PHONE AUSTRALIA 1300 137 322 OVERSEAS +61 2 9290 5660

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. **Please print in BLOCK LETTERS.**

Section 1 - Personal details

Title Mr Mrs Miss Ms Other -->

Given name/s (in full) Family name

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 planning services to clients. The Specialisation will also be a mechanism through which CA ANZ demonstrates leadership in the financial planning 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 two (2) years practical experience within the previous five (5) years, where at least 50% of employment is related to financial planning.

1. Referee's contact details

Title Mr Mrs Miss Ms Other -->

Given name/s (in full) CA Member ID No. (where applicable)

Family name

2. Referee's business details

Company name

Position title

Company address Suburb/City

State Postcode Country

Email (work)

Phone (work) Mobile

3. Membership of other relevant organisations

NAME OF ORGANISATION	MEMBER NUMBER	LEVEL OF MEMBERSHIP	YEARS AS A MEMBER

4. Qualifications

INSTITUTION	COURSE/QUALIFICATION	COMPLETED

5. Applicant

Relation to applicant

(NOTE: Reference can **not** be from a family member or employee)

Period of time the applicant has been involved in the area of financial planning:

years

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

When was the applicant's last 'Compliance Report Review'?

Was the applicant's most recent 'Compliance Report' satisfactory? Yes No

If 'No', please outline the reasons below: (if insufficient space, please attached 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 attached 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.

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

Signature

Date

For further information about the Financial Planning Specialisation Program or assistance in completing the form, please contact us on:

EMAIL specialisation@charteredaccountantsanz.com

PHONE AUSTRALIA 1300 137 322 **OVERSEAS** +61 2 9290 5660

Referee Report Form

Chartered Accountants Australia and New Zealand member

This form will support the application for recognition as a CA Financial Planning Specialist. **Please print in BLOCK LETTERS.**

Section 1 - Personal details

Title Mr Mrs Miss Ms Other -->

Given name/s (in full) Family name

Company name

Section 2 - Referee's details

Important information for referees

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Members need to demonstrate a minimum of two (2) years practical experience within the previous five (5) years, where at least 50% of employment is related to Financial Planning.

1. Referee's contact details

Title Mr Mrs Miss Ms Other -->

Given name/s (in full) CA Member ID No. (where applicable)

Family name

2. Referee's business details

Company name

Position title

Company address Suburb/City

State Postcode Country

Email (work)

Phone (work) Mobile

3. Membership of other relevant organisations

NAME OF ORGANISATION	MEMBER NUMBER	LEVEL OF MEMBERSHIP	YEARS AS A MEMBER

4. Qualifications

INSTITUTION	COURSE/QUALIFICATION	COMPLETED

5. Applicant

Relation to applicant

(NOTE: Reference can **not** be from a family member or employee)

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

Please comment on the applicant's skills, knowledge and experience in financial planning, along with some comments regarding the applicant's character and reputation.

Please also provide an outline of the applicant's involvement in financial planning engagements.

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

Signature

Date

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

EMAIL specialisation@charteredaccountantsanz.com

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Referee Report Form

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

This form will support the application for recognition as a CA Financial Planning Specialist. **Please print in BLOCK LETTERS.**

Section 1 - Personal details

Title Mr Mrs Miss Ms Other -->

Given name/s (in full) Family name

Company name

Section 2 - Referee's details

Important information for referees

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Title Mr Mrs Miss Ms Other -->

Given name/s (in full) CA Member ID No. (where applicable)

Family name

2. Referee's business details

Company name

Position title

Company address Suburb/City

State Postcode Country

Email (work)

Phone (work) Mobile

3. Membership of other relevant organisations

NAME OF ORGANISATION	MEMBER NUMBER	LEVEL OF MEMBERSHIP	YEARS AS A MEMBER

4. Qualifications

INSTITUTION	COURSE/QUALIFICATION	COMPLETED

5. Applicant

Relation to applicant

(NOTE: Reference can **not** be from a family member or employee)

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

Please comment on the applicant's skills, knowledge and experience in financial planning, along with some comments regarding the applicant's character and reputation.

Please also provide an outline of the applicant's involvement in financial planning engagements.

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

Signature

Date

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