

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](https://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 <https://www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/australian-regulations>

Please complete **ALL SECTIONS** and submit to Chartered Accountants Australia and New Zealand as indicated in Section 7. Please print in **BLOCK LETTERS**.

Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <small>.....></small>	<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"/>	
Street address	<input type="text"/>		Suburb/City	<input type="text"/>
	State <input type="text"/>	Postcode <input type="text"/>	Country	<input type="text"/>
PO Box address	<input type="text"/>		Suburb/City	<input type="text"/>
	State <input type="text"/>	Postcode <input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>			
Preferred phone number	<input type="text"/>			

Section 2 – Criteria/requirements

In line with **CR6.4 – CR6.11**, an Individual Member applying for specialisation must meet the specific 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.

Continued overleaf >

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 completed to become eligible to be licensed or authorised to offer financial advice.

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 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 **CR6C.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

Current company street address

Suburb/City

State

Postcode

Country

AFSL name

AFSL No.

Position title

Position activities

Continued overleaf >

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

Duration of employment / / to / / = /
(DD/MM/YYYY) (DD/MM/YYYY) Years Months

Previous 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 / / = /
(DD/MM/YYYY) (DD/MM/YYYY) Years Months

Previous 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 / / = /
(DD/MM/YYYY) (DD/MM/YYYY) Years Months

Additional relevant information

Section 3 – 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 **CR6C.18** and **CR6C.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 **CR6C.4(d)**.

PLEASE SIGN AND DATE

Signature

Date

Section 4 – 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 5 – Fee and Payment details

FEES:

Application fee

An Application fee of \$231.82 (AUD\$) 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	AUD\$ (incl. GST)	280.00	256.70	233.40	210.10	186.80	163.50	140.20	116.90	93.60	70.30	47.00	23.70

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

PAYABLE BY:

Chartered Accountants Amex

Amex Visa MasterCard Diners Club

Card number / / /

Expiry date / CVV number

Cardholder number

Cardholder signature

Section 6 – 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 or 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 qualification and related academic transcripts

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

Referee Report No. 1

Referee Report No. 2

Referee Report No. 3

Section 7 – Submitting your application form

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

EMAIL assessment@charteredaccountantsanz.com

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 www.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 – Applicant's 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"/>
Given name/s (in full)	<input type="text"/>				Family name	<input type="text"/>
Company name	<input type="text"/>					

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 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 **CR6C.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 (**CR6C.5(b)**).

- All of the references must attest to the applicant's skills and knowledge in financial advice (**CR6C.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 (**CR6C.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 (**CR6C.5(f)**).
- One of the non-Licensee references should be from a person outside the organisation who may also be a CA (**CR6C.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 (**CR6C.5(g)**).

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Family name	<input type="text"/>
CA Member ID Number (where applicable)	<input type="text"/>					
Company name	<input type="text"/>					
Position title	<input type="text"/>					
Email	<input type="text"/>			Preferred phone number	<input type="text"/>	
Relation to applicant	<input type="text"/>					

(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

Continued overleaf >

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)

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.

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

Signature

Date (DD/MM/YYYY)

ANY QUESTIONS If you require any assistance or information in completing the form, 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 of Australia)

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 – Applicant's 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"/>
Given name/s (in full)	<input type="text"/>				Family name	<input type="text"/>
Company name	<input type="text"/>					

Section 2 – Referee's details

Important information for referees

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Period of time the applicant has been involved in the area of Financial Advice: years

Continued overleaf >

Please comment on the applicant's skills, knowledge and experience in financial advice. You may also add some comments regarding their character and reputation.

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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Section 2 – Referee's details

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Relation to applicant	<input type="text"/>					

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Period of time the applicant has been involved in the area of Financial Advice: years

Continued overleaf >

Please comment on the applicant's skills, knowledge and experience in financial advice. You may also like to add some comments regarding their character and reputation.

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

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Date (DD/MM/YYYY)

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