



CFP® CERTIFICATION PROGRAM

Application for Pre-admission

Please send your completed form to:

Education, Financial Planning Association, GPO Box 4285, Sydney NSW 2001 or email enrolments@fpa.com.au

The Pre-admission Process

The CFP® designation is the highest designation for financial planners globally and we are delighted that you are considering enrolment. As a CFP professional, you will secure a place at the forefront of a changing profession and become part of a community of 5,700 CFP professionals in Australia.

This simple pre-admission process helps us to understand your current credentials, assess any advanced standings that may apply and also design your personalised pathway into the program. If you qualify immediately for the program, your entry is guaranteed.

To get started, simply complete this form and email it back to us with copies of your relevant academic transcripts and experience. We'll then be in touch within seven working days to provide you with feedback. For more information about the CFP Certification Program, please visit www.fpa.com.au/cfp.

PERSONAL DETAILS						
FPA Member ID (if applicable):		Title:				
First name:		Preferred name:				
Surname:		DOB:				
Occupation:		Company name:				
Street Address:						
Suburb:		State:		Postcode:		
Email:		Contact number:				
EDUCATION DETAILS (complete the table below by listing your degree or diplomas) please attach copies						
Title of Degree	Education Institution		Date of completion or planned date of completion			
		1				
RELEVANT INDUSTRY EXPERIENCE (i.e. authorised representative certificate, letter from employer) please attach copies						
ASIC Financial Adviser Register number:						





PAYMENT DETAILS					
The \$75 pre-admission fee is waived for FPA Professional Practice and Professional Partner representatives and FPA financial members. (Please note, prices include GST for Tax Invoice ABN 62 054 174 453)					
FPA P	FPA Professional Practice/Partner name (if applicable):				
	I hereby authorise the FPA to debit my credit card for \$75				
Please waive the \$75 fee as I am a representative of an FPA Professional Practice or an FPA Professional Partner or FPA financial members					
Card t	rd type:				
Card r	number:	CCV:	Expiry date:		
Cardh	older's name:				
Cardh	older's signature:	Date:			
PRIVA	CY 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.com.au 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.					
DECLARATION					
	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				
	I hereby declare that the statements made in this application are complete and true at the time of applying for pre-admission to the CFP Certification Program.				
Your s	ignature:		Date:		
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CHECKLIST Please ensure that you have completed the pre-enrolment form and attached all relevant certified documentation.					
	Complete and sign the payment section.				