

CFP® CERTIFICATION PROGRAM

Withdrawal Form

Please email your completed form to education@fpa.com.au

FPA Member ID:	Unit of Study & Semester:
First Name:	Surname:
Email:	Phone:

- A full refund will be provided on receipt of this form if received by COB at the end of week 1 of semester.
- A partial refund will be provided on receipt of this form if received by COB at the end of week 2 of semester.
- Partial refund will be less \$600 for full enrolment fee and less \$440 for discounted enrolment fee.
- No refund will be provided after this time.
- See the Program Dates Form for semester dates. These dates apply to both one semester and one year students.
- Please allow up to seven working days to receive funds.

PRIVACY

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 <http://fpa.com.au/privacy>, 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 hereby declare that the statements made in this application are complete and true.

☐ I acknowledge that I have read and understood the FPA Privacy Statement/Privacy Policy, as amended from time to time. I consent to the collection, use and disclosure of any information provided in this form and otherwise held or acquired by FPA in accordance with and for the purposes outlined in the Student Privacy Statement contained within the CFP® Certification Program Handbook. I have read and agree to all the policies, procedures, and rules as outlined in the CFP® Certification Program Handbook as well as those on the FPA at website www.fpa.com.au/privacy.

Your signature:

Date: