

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

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

Extension requests will be accepted up to COB the day before the assignment is due. Please see the [program dates](#) for assignment dates.

I wish to apply for an extension on the following grounds (please tick):

- ☐ Medical
 ☐ Compassionate
 ☐ Hardship
 ☐ Trauma
 ☐ Other

The following supporting documentation is attached to support your assessment extension (please tick):

- ☐ Medical Certificate
 ☐ Statutory Declaration
 ☐ Death Certificate
 ☐ Other

Extensions will **not** be granted for the following reasons:

- heavy workloads
- business trips
- holiday
- seminars/conferences
- minor medical ailments
- moving house or employment relocation
- misreading information on due dates
- personal matters
- computer/printer problems

Please note, your assignment extension will not be granted if you do not supply supporting documentation.

Your request will be reviewed and a response will be provided within one business day of your request. Until a response is received, you should continue working towards submitting by the due date.

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 website at www.fpa.com.au/privacy.

Your signature:

Date: