

APPLICATION TO JOIN THE FPA



FINANCIAL PLANNING
ASSOCIATION of AUSTRALIA

FPA Professional Practice

(Please complete a separate form for each additional location)

1. ELIGIBILITY CRITERIA TO BECOME AN FPA PROFESSIONAL PRACTICE

FPA Professional Practices are financial planning offices or locations which meet the following requirements:

- 75% of your practitioners are currently CFP® Professionals or Financial Planner AFP® members of the FPA.
- 50% of your practitioners are already CFP professionals or will be within three years of initial commitment.
- You commit to uphold the FPA Code of Professional Practice.
- You agree to conduct a three yearly review to confirm adherence to the license criteria described above.

If you do not currently meet the 50% CFP® professional eligibility criteria, please state how you intend to meet it within three years:

Other Conditions (please tick to accept)

- You agree to undertake a complimentary Business Health HealthCheck which will be used by the FPA to assist in the assessment of your application to become an FPA Professional Practice. The FPA may use the collective data gained from all HealthChecks completed by Professional Practices for benchmarking purposes from time to time as performed by Business Health. The FPA will not share the results of individual HealthChecks with any third party unless compelled to do so by law. [Click here](#) to find out more about the Business Health HealthCheck.

2. PRACTICE DETAILS

Full name of entity:

Trading name of entity (if different):

Type of entity (eg. sole trader/partnership/trust)*:

ABN/ACN:

Web address:

Business address (not a PO Box):

Suburb:

State:

Postcode:

Is this also a residential address?

Yes

No

Bus ph:

Mob:

After hrs ph:

Email:

Fax:

**We may require additional documentation depending on the Entity.*

Does your company hold their own Australian Financial Services (AFSL)?

Yes No

AFSL name:

AFSL no:

Name of Professional Indemnity Insurer:

Total number of people providing financial advice to clients from your office/location:

Number of CFP professionals providing financial advice to clients from your office/location:

Number of Financial Planner AFP members providing financial advice to clients from your office/location:

3. PROVIDE A LIST OF ALL PEOPLE WHO PROVIDE FINANCIAL ADVICE FROM THIS OFFICE LOCATION

If the list does not fit here, please attach a separate document with all of the details.

Full name	DOB	Email	FPA member Y/N	FPA member ID	Member Category CFP/AFP

4a. OWNERSHIP AND CONTROL

Please list the details of the person(s) who have ownership and control of (practice name):

Full name	Residential Address	Email	Phone

4b. SHAREHOLDERS/OWNERS

Full name	Email	Phone	% ownership

5. COMMUNICATION WITH THE FPA

	Name	Email	Phone
Relationship Manager*			
Business Principal			

* This person should be a CFP practitioner

6. 'FIND A PLANNER' DIRECTORY

I would like my practice included in the 'Find a Planner' directory on the FPA website: Yes No

7. PAYMENT DETAILS

Should this application be approved by the FPA and you have signed the FPA Professional Practice Relationship Agreement, an annual fee is required. Fees are based on the total number of advisers in the Practice and is renewable every financial year. Please see the table below for fees.

Please charge my credit card for \$ Mastercard Visa

Card number:

Expiry date:

CCV:

Cardholder's name:

Cardholder's signature:

Date:

8. TABLE OF FEES

Total number of financial planners in the FPA Professional Practice (including any practitioners that are not currently FPA members)	Applicable fee (GST inclusive)	Please tick applicable level
1 - 2	\$900	<input type="checkbox"/>
3 - 6	\$1200	<input type="checkbox"/>
7 - 10	\$1600	<input type="checkbox"/>
11 - 15	\$2000	<input type="checkbox"/>
16 - 20	\$2400	<input type="checkbox"/>
\$200 per additional practice location (GST inclusive)*	No. of additional locations:	

* Please complete an application form for each additional practice location

9. BUILDING A STRONG AND TRUSTED PROFESSIONAL BRAND

We know your reputation means everything to you and that you want us to protect that reputation in your local community. The FPA Professional Practice brand will only be offered to those practices that meet strict eligibility criteria and fit with the professional expectations of our community. In order to get a better understanding of who will carry this symbol of professional financial planning, this application requires detailed information about your Practice.

10. CONFLICT MANAGEMENT POLICY

I have attached my Licensee Conflict of Interests Policy: Yes

I have attached my Practice Conflict of Interests Policy: Yes

11. ELIGIBILITY CRITERIA CHECKLIST			
	Yes	No	Working on it
1. ELIGIBILITY CRITERIA			
Does your Practice currently meet the eligibility criteria to be an FPA Professional Practice? (Please see section 1 for the criteria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. FPA CODE OF PROFESSIONAL PRACTICE COMPLIANCE			
Has your Practice established policies and procedures that will provide it with reasonable assurance that the practice and its personnel comply with the FPA requirements (including the FPA Code of Professional Practice and Rules of Professional Conduct)? (For example, will your licensee or your external compliance consultant audit against expectations in the FPA Code as well as the legal and licensee requirements as part of your regular audit cycle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. QUALITY			
Has your Practice established policies and procedures to promote a culture of quality (such as peer file and client review), in the provision of professional services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ETHICS			
Has your Practice established protective processes to ensure that commercial considerations of the business do not override the quality of the work or influence individual advisers in their advice recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CHARGING MODEL			
Does your Practice apply a client directed charging model? (The FPA Code includes specific definitions and requirements in relation to charging and the FPA remuneration policy explains the importance of a client directed charging model.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. PRIVACY STATEMENT
<p>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).</p> <p>The FPA's Privacy Statement (also referred to as Privacy Policy) (available online at www.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 of 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.</p> <p>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.</p>

13. DECLARATION	
<input type="checkbox"/>	I hereby declare that the statements and attachments made in this application are complete and true at the time of applying to become an FPA Professional Practice. I also declare that the statement and attachments are complete and true in relation to the Applicant and in relation to each of the Sole Proprietor/Partner Directors/Shareholders of the Applicant and the Financial Planners and Relationship Manager of the Applicant. I am not aware of anything which will make me ineligible for, or would preclude the practice from becoming an FPA Professional Practice.
<input type="checkbox"/>	I acknowledge that I have read and understood the FPA Privacy Statement/Policy, 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 information, both within Australia and overseas, in accordance with and for the purposes outlined in the FPA Privacy Policy, and I consent to this collection, holding, storage, use and disclosure contained in this Application Form, and during the term of my affiliation (if approved).
<input type="checkbox"/>	I understand that the practice's status as an FPA Professional Practice is at the FPA's discretion and the practice's status as an FPA Professional Practice may be revoked at any time without notice.

14. APPLICANT'S DECLARATION

1.	I, _____ (full name of Sole Proprietor/Partner/Director), of the Applicant Sole Proprietorship/ Partnership/Corporation, am a Sole Proprietor/Partner/Director.		
2.	I am duly authorised by _____ (Name of the Applicant Sole Proprietorship/Partnership/Corporation) to make this declaration on its behalf.		
3.	In the past 10 years, have any of the parties identified above:	Yes	No
	Been refused an ASIC Securities License, an Australian Financial Services License, or any other business related license, registration, or membership, or had one revoked, varied, restricted, denied, suspended, or cancelled at the instigation of the relevant regulator?	<input type="checkbox"/>	<input type="checkbox"/>
	Been the subject of any hearing or investigation conducted by a regulatory body or law enforcement agency?	<input type="checkbox"/>	<input type="checkbox"/>
	Been convicted of an offence, or had any civil penalty, banning order, disqualification, license condition or restriction imposed?	<input type="checkbox"/>	<input type="checkbox"/>
	Entered into an Enforceable Undertaking with a regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
	Entered into voluntary administration, had a receiver or manager appointed, or otherwise become an externally administered body corporate, or been declared bankrupt or insolvent under administration.	<input type="checkbox"/>	<input type="checkbox"/>
	Been the subject of a claim in relation to professional indemnity insurance or any complaint made to an external dispute resolution scheme?	<input type="checkbox"/>	<input type="checkbox"/>
	Been refused professional indemnity insurance cover?	<input type="checkbox"/>	<input type="checkbox"/>
	Been the subject of disciplinary proceedings or investigations by a professional body or association, including any affiliate body of the Financial Planning Standards Board, or had FPA membership terminated by the FPA pursuant to the FPA Constitution or regulations?	<input type="checkbox"/>	<input type="checkbox"/>
	Engaged in unethical conduct prejudicial to the interest of the FPA?	<input type="checkbox"/>	<input type="checkbox"/>
	Had a license condition imposed as a result of their conduct or of their representatives conduct?	<input type="checkbox"/>	<input type="checkbox"/>
	Where the answer is 'Yes', please attach a detailed explanation outlining the circumstances of the matter.		
4.	I declare:		
	<input type="checkbox"/> The statements made in this application and attachments are complete and true at the time of applying for affiliation as an FPA Professional Practice. I am not aware of anything which will make me ineligible for, or would preclude the practice from becoming an FPA Professional Practice. I consent to the collection, use and disclosure of any information contained in the application form in strict accordance with and for the purposes outlined in the FPA Privacy Statement available at www.fpa.com.au/privacy .		
	<input type="checkbox"/> The statements made in the FPA Professional Practice Eligibility Checklist are true and correct and, if required to be produced, the Practice has evidence available to substantiate those claims.		
	<input type="checkbox"/> I declare the following items to be true and correct in relation to the Applicant; and in relation to each of the Sole Proprietor/ Partners/Directors/Shareholders of the Applicant; and the Financial Planners and Relationship Manager of the Applicant.		
	Name:		
	Signature:	Date:	

15. APPLICATION CHECKLIST

<input type="checkbox"/>	Application form and Applicant's Declaration completed
<input type="checkbox"/>	List of practitioners completed (or attached)
<input type="checkbox"/>	Eligibility check completed
<input type="checkbox"/>	Strategy/Eligibility plan included if applicable
<input type="checkbox"/>	Payment complete
<input type="checkbox"/>	Conflicts Management Process (see your Licensee Representative)
<input type="checkbox"/>	Privacy Declaration completed

Please send your completed application with supporting evidence to:

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