



LRS® LIFE RISK SPECIALIST ACCREDITATION PROGRAM

Application to enrol

Semester 1 2017

1. APPLICATION DETAILS

FPA Member ID:

2. PERSONAL DETAILS

Title:	DOB:	
First name:	Middle name:	
Surname:		
Email:		
Contact number:		

Mailing address for your course notes:

Number & Street:

Suburb:	State:	Postcode:
---------	--------	-----------

3. WORK DETAILS

Company:
Job title:
Licensee:
FPA Professional Practice/Partner name:

4. WHAT PROMPTED YOU TO ENROL?

<input type="checkbox"/> FPA Express	<input type="checkbox"/> FPA Website	<input type="checkbox"/> FPA Email	<input type="checkbox"/> Work colleague
<input type="checkbox"/> Licensee/Employer	<input type="checkbox"/> FPA Magazine	<input type="checkbox"/> Re-enrolment	<input type="checkbox"/> Repeat

5. ENTRY REQUIREMENTS

CFP 1 (tick appropriate box)

<input type="checkbox"/>	I am a Financial Planner AFP® member of the FPA who has not completed CFP 1
<input type="checkbox"/>	I am a CFP® practitioner member of the FPA who has not completed CFP 1
<input type="checkbox"/>	I am in the process of becoming a Financial Planner AFP® member of the FPA

LRS Unit 2

<input type="checkbox"/>	I am a Financial Planner AFP® member of the FPA
<input type="checkbox"/>	I am a CFP® practitioner member of the FPA
<input type="checkbox"/>	I currently have my Advanced Diploma of Financial Planning (please attach a copy to your enrolment form)

6. STUDY GROUP

<input type="checkbox"/>	I have approved my details to be released to other students in order to join a study group.
--------------------------	---

Please send your completed form to:

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



7. UNIT SELECTION

Unit	Options	Cost	Select	Dates	Venue
CFP 1	New	\$1550	<input type="checkbox"/>	Assignment: 10 May	n/a

LRS	New	\$1550	<input type="checkbox"/>	Assignment: 12 April Exam: 16 May	<input type="checkbox"/> Adelaide <input type="checkbox"/> Brisbane <input type="checkbox"/> Canberra <input type="checkbox"/> Hobart <input type="checkbox"/> Melbourne <input type="checkbox"/> Sydney <input type="checkbox"/> Perth <input type="checkbox"/> Remote*
	Repeat all	\$1200	<input type="checkbox"/>		
	Repeat assignment	\$1100	<input type="checkbox"/>		
	Repeat exam	\$950	<input type="checkbox"/>		

*Select Remote if you are more than 120kms from the cities listed.

8. STUDENT DECLARATION

<input type="checkbox"/>	I acknowledge that I have read and understood the FPA Privacy Statement/Privacy 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 membership (if approved).
<input type="checkbox"/>	I hereby declare that the statements made in this application are complete and records supplied are true at the time of applying for the CFP Certification Program. 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 FPA Program Handbook. I have read and agree to all the policies, procedures, and rules as outlined in the FPA Program Handbook as well as those on the FPA website www.fpa.com.au .
Your signature:	
Date:	

9. PAYMENT (Prices include GST for Tax Invoice ABN 62 054 174 453)

If you are employed by an FPA Professional Partner or FPA Professional Practice, you receive a 20% preferential discount on **new enrolments** only. This is not available for repeat students. Please list your Professional Partner or Professional Practice name in the applicable box. (If this is not selected, there is no discount applied)

Unit cost:	\$		
Less 20% discount (if applicable):	\$		
FPA Professional Practice/Partner name (if applicable):			
Total fee which I hereby authorise the FPA to debit from my credit card	Total fee \$		
Card type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex
Card number:	CCV:	Expiry date:	
Cardholder's name:			
Cardholder's signature:			Date:



Who is paying for your LRS Program enrolment?	
<input type="checkbox"/> Yourself	<input type="checkbox"/> Your licensee
<input type="checkbox"/> Your practice	<input type="checkbox"/> Partially funded

Request for special arrangements

<input type="checkbox"/>	I have a disability that may affect my ability to write the exam under standard conditions (<i>see Special Needs in the FPA Program Handbook</i>)
--------------------------	---

10. 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 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 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.

11. STUDENT CHECKLIST

Please ensure that you have completed the enrolment form and attached all relevant documentation. The checklist below is for your use. Please note that we cannot process any enrolment unless the enrolment form is complete and you have attached certified copies of all relevant documents.

<input type="checkbox"/>	Provided FPA Member ID on form
<input type="checkbox"/>	Attached copies of Academic Transcript(s)
<input type="checkbox"/>	Evidence of experience
<input type="checkbox"/>	Completed and signed payment section
<input type="checkbox"/>	Signed Student Declaration