



ASFA Professional Accreditation - Referee Form

SECTION 1: APPLICANT DETAILS

ASFA ID number:		Title (Dr, Mr, Ms, Mrs, Miss/other):	
First Name:		Surname:	
Title/Position:		Date of Birth:	
Organisation Name:			
Email Address:			
Work Phone Number:		Home Phone Number:	
Fax Number:		Mobile Number:	
Please send any changes of personal details to learning@superannuation.asn.au			

SECTION 2: INFORMATION FOR THE REFEREE

The applicant is applying to join the ASFA Professional Accreditation Program as either an Associate or Fellow and has nominated you as a referee. Entry to the program requires that a reference and the details herein are provided to both the applicant and the Education and Professional Accreditation Review Committee for their review.

Your reference will confirm that they have met the criteria in terms of their superannuation industry experience and length of time in the industry, and indicates your knowledge of their particular area of expertise.

Your personal details will only be used for the purposes of administering this application; see privacy policy below for further information.

SECTION 3: REFEREE PERSONAL INFORMATION AND CONTACT DETAILS

Are you a Fellow of ASFA?		Prefix: (Dr, Mr, Ms, Mrs, Miss/other):	
First Name:		Surname:	
Title/Position:		Date of Birth:	
Organisation Name:			
Email Address:			
Work Phone Number:		Home Phone Number:	
Fax Number:		Mobile Number:	
In what capacity are you providing these comments? <input type="checkbox"/> Fellow of ASFA <input type="checkbox"/> Associate of ASFA <input type="checkbox"/> Other			

SECTION 4: REQUIRED REFEREE INFORMATION

How long has the applicant worked in the industry? _____

How do you know the applicant? _____

Would you consider the applicant has held highly regarded roles in the superannuation industry for three years (Associate) / seven years (Fellow)?

Please tick and comment on the areas that the applicant has knowledge and experience.

Knowledge Area		Comments
Investment	<input type="checkbox"/> Fine <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
Administration/ Management	<input type="checkbox"/> Fine <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
Insurance	<input type="checkbox"/> Fine <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
Prudential issues	<input type="checkbox"/> Fine <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
Retirement Planning	<input type="checkbox"/> Fine <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
Taxation	<input type="checkbox"/> Fine <input type="checkbox"/> Good <input type="checkbox"/> Excellent	

SECTION 5: ARE THERE ANY OTHER COMMENTS THAT YOU WOULD LIKE TO MAKE ABOUT THE APPLICANT?

SECTION 6: COMPULSORY DECLARATION

I, _____ (Referee) believe that the aforementioned applicant for ASFA's Professional Accreditation Program has met the requirements for entry. I understand that this referee report will be made available to both the applicant and the Education and Professional Accreditation Review Committee for their review. I believe that the information contained on this referee report is true and correct.

Signed:		Date:	
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SECTION 7: PRIVACY POLICY

The Association of Superannuation Funds of Australia Ltd (ASFA) will use your personal information supplied on this form for the administration and management of the Professional Accreditation Program. ASFA is committed to safeguarding your privacy and complying with the National Privacy Principles as set out in the Privacy Act (1988) and its subsequent amendments. Our full Privacy Policy is available at www.superannuation.asn.au or contact privacy@superannuation.asn.au

Return forms by mail to PO Box 1485 Sydney NSW 2001, fax to 1300 926 484 or scan and e-mail to learning@superannuation.asn.au

SECTION 8: OFFICE USE ONLY

CPD points earned by applicant in previous year: _____

Review by EPARC _____ Date _____