

ASFA Professional Accreditation Form

SECTION 1: PERSONAL INFORMATION AND CONTACT DETAILS

ASFA ID number:		Title (Dr, Mr, Ms, Mrs, Miss/other):	
First Name:		Surname:	
Title/Position:		Date of Birth:	
Organisation Name:			
Postal Address:			
E-mail 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: ACCREDITATION REQUIREMENTS

Fellow of ASFA	Associate of ASFA
Experience requirements: Seven years dedicated experience in the superannuation industry	Experience requirements: Three years employment in the superannuation industry
Two references: ASFA Fellow and one other	Two references: ASFA Fellow or Associate and one other
Detailed curriculum vitae stating experience in the superannuation industry	Detailed curriculum vitae stating experience in the superannuation industry
Statement of contribution to superannuation industry (see application form)	Maintain a minimum of 30 CPD points in any given membership year including at least 15 points awarded by ASFA Annual CPD report
Maintain a minimum of 30 CPD points in any given membership year including at least 15 points awarded by ASFA	Membership of ASFA, either as an employee of a member or as an individual member (see Membership)
Membership of ASFA, either as an employee of a member or as an individual member (see Membership)	Acceptance of the ASFA Code of Ethics (See pdf on Application process page)
Acceptance of the ASFA Code of Ethics (See pdf on Application process page)	

SECTION 3: ACCREDITATION DESIGNATION

I am applying for:	Current Status (if applicable)
Associate <input type="checkbox"/> Fellow <input type="checkbox"/>	Affiliate <input type="checkbox"/> Associate <input type="checkbox"/>

SECTION 4: SUPERANNUATION EMPLOYMENT HISTORY (PLEASE ATTACH CV)

Total number of years in the superannuation industry _____

Position	Organisation	From (month/year)	To (month/year)

SECTION 5: CONTRIBUTION TO SUPERANNUATION INDUSTRY (FELLOWS ONLY)

Please provide a brief statement below

SECTION 6: FORMAL QUALIFICATIONS (PLEASE ATTACH COPIES OF TRANSCRIPT/S)

Name of Qualification/Unit completed	Name of institution	Year Completed

SECTION 7: SUBMISSION CHECKLIST

Before submitting this form, please use this checklist to ensure that you have read and understood all the details of the ASFA Professional Accreditation Program. All these items are available in full at www.superannuation.asn.au

- Checked entry criteria (see website)
- Attached two completed Referee Forms (Located on ASFA's website. For Fellows, the referees should be an ASFA fellow and one other and for Associates, the referee should be an ASFA Fellow or Associate and one other.)
- Read and understood the Code of Ethics
- Read and understood the CPD Points requirements, summary and diary
- Read and understood the use of post-nominals
- Read and understood that only ASFA Members can belong to the program
- Included transcripts where appropriate
- Completed application form and signed accordingly

SECTION 8: COMPULSORY DECLARATION

I have read and agree to uphold the ASFA Code of Ethics and agree to undertake the prescribed number of points of Continuing Professional Development (available at www.superannuation.asn.au).

I have read through the checklist and understand my obligations in joining this program. I agree that if I am an employee of a member fund or service provider, that the Nominated Representative of that member can access my CPD Points Summary for the purpose of recording appropriate activities for compliance purposes. I confirm that the information I have provided on this form is true and correct.

Signed:		Date:	
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SECTION 9: 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

SECTION 10: HOW DID YOU HEAR ABOUT THE ASFA PROFESSIONAL ACCREDITATION PROGRAM?

- ASFA Website
- ASFA Event
- ASFA Emails
- Brochure
- Word of Mouth
- Superfunds Magazine

Return forms by mail to PO Box 1485 Sydney NSW 2001, fax to 1300 9264 84 or scan and e-mail to learning@superannuation.asn.au

SECTION 11: OFFICE USE ONLY

CPD points earned in previous year: _____

Review by EPARC _____ Date _____