

CPD AUDIT REQUEST

Member Details

FPA Member Number:			
FPA Member Category:	CFP [®] Professional □	Financial Planner AFP [®] □	Associate □

Contact Details

Name:	
Address:	
Phone:	
Email:	

CPD Education Activities - please indicate your last 3 CPD years

E.g. 2 CPD years, for period between 1 January 2017 to 31 December 2018 (prior to FASEA)*

	Total CPD hours required (minimum) per 2 CPD years	FPA accredited hours required (minimum) per 2 CPD years	FPA accredited Ethics hours requires (minimum) per 2 CPD years
CFP [®] Professional	80	40	2
Financial Planner AFP®/Associate	60	30	2
Your achieved CPD hours			

^{*}CPD years may be apportioned pro-rata during the transition period prior to FASEA CPD areas from 1 January 2019.

E.g. 1 CPD year, for period between 1 January 2019 to 31 December 2019 (including FASEA)**

	Total CPD hours required (minimum) per CPD year	FPA accredited hours (minimum) per CPD year	FPA accredited hours (minimum) per FASEA CPD areas
CFP [®] Professional	40	28	Technical, Client care, Regulatory (5 each), Ethics (9)
Financial Planner AFP [®] /Associate	40	28	Technical, Client care, Regulatory (5 each), Ethics (9)
Your achieved CPD hours			

^{**}FASEA CPD Areas are effective from 1 January 2019 and you may apportioned your CPD pro-rata during the transition period.

Please choose your CPD Year

	Calendar Year	Financial Year	Other
CFP [®] Professional			
Financial Planner AFP [®]			
Associate			

Stationery

		Stationery attached	
Business Card	□ Yes	□ No	□ Not in use
Letterhead	□ Yes	□ No	□ Not in use
Email signature	□ Yes	□ No	□ Not in use

Checklist

Ensure the following documents, are emailed with your completed Audit Request.

	A copy of your CPD record with Accreditation Number.
	Stationery*: business card, letterhead and email signature displaying your Marks
	professional designations. Please provide scanned copies or screen shots.

Privacy Statement

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.

^{*}include where applicable

Declaration

	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.	
	I declare the above information is correct and is verified by the attached supporting documents.	
Your signature: Date:		Date:

Please email your completed Audit Request with supporting documents to cpdaudit@fpa.com.au by 6 March 2020.