



Application for recognition under transitional arrangements for a New Zealand public practice certificate

Member number

Form content

Notes to consider when completing this form:

1. Please complete in black/blue ink/ball point and use BLOCK letters.
2. Please return completed form to the New Zealand office (details provided at the back of this form)
3. Attachments are required to be submitted – refer to page 3.

Details

Title	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="text"/>				
Family name	<input type="text"/>				
First name	<input type="text"/>				
Middle name	<input type="text"/>				
Preferred name	<input type="text"/>	Date of birth	<input type="text"/> dd / <input type="text"/> mm / <input type="text"/> yy		
Position title	Principal <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Employee <input type="checkbox"/> (please tick one)				
Practice name	<input type="text"/>				
Street address	<input type="text"/>	City	<input type="text"/>		
	Postcode <input type="text"/>	Country	New Zealand <input type="text"/>	Preferred mail	<input type="checkbox"/>
Work phone	<input type="text"/> (<input type="text"/>)	Home phone	<input type="text"/> (<input type="text"/>)		
Work fax	<input type="text"/> (<input type="text"/>)	Mobile	<input type="text"/> (<input type="text"/>)		
Postal address	<input type="text"/>	City	<input type="text"/>		
	Postcode <input type="text"/>	Country	New Zealand <input type="text"/>	Preferred mail	<input type="checkbox"/>
Practice email	<input type="text"/>				
Practice website	<input type="text"/>				

Privacy statement

In this Privacy Statement, “Personal Information” has the same meaning as in the Privacy Act 1988 (Cth).

CPA Australia Ltd (CPA Australia) is committed to protecting the privacy and security of the Personal Information which it holds about you.

The Personal Information which you provide us with in this application form will be used by CPA Australia to:

- Process your application to CPA Australia for a public practice certificate
- Update your membership details and profile information
- Manage your membership of CPA Australia
- Ensure your compliance as a member, with CPA Australia’s Constitution, By-Laws and other pronouncements
- Conduct market research in order to identify and analyse the ongoing needs of CPA Australia members
- Provide you with access to and information about a range of current and future membership benefits.

If you do not provide us with this Personal Information, we may not be able to process your application.

CPA Australia may disclose the Personal Information which you provide us with in this application form to external service providers to whom we have contracted out functions, such as printers and mailing houses, but only for the purposes of processing your application.

You have the right to access any Personal Information which CPA Australia holds about you, subject to the exceptions in the Privacy Act 1988 (Cth). You may also request the correction of information which is inaccurate. Access and/or correction requests can be made at your local CPA Australia office or via the “Update your Profile” service at cpaaustralia.com.au

For more information on CPA Australia’s Privacy Policy, visit our website at cpaaustralia.com.au

Application for recognition under transitional arrangements

I wish to apply for recognition under the transitional arrangements for the introduction of the requirement for New Zealand members to hold a public practice certificate in accordance with CPA Australia By-Laws from January 1 2012.

Please select the applicable transitional arrangements which apply:

- Existing CPA Australia members holding a NZICA Certificate of Public Practice.**
- Eligible for a CPA Public Practice Certificate without the requirement to complete the Public Practice Program. There is no time limit for this arrangement.
- I attach a proof that I hold a current NZICA Certificate of Public Practice and attach a completed application for a public practice certificate if you wish to apply for a CPA Public Practice Certificate.
- CPAs and FCPAs who can demonstrate two years experience as a partner or principal in a public practice within the last three years.**
- Eligible for a CPA Public Practice Certificate without the requirement to complete the Public Practice Program, subject to attending a one day Public Practice Orientation Program. This arrangement is only available until 31 December 2012.
- I attach written certified evidence of my work experience as a partner or principal in public practice.
- ASAs with over five years experience as a partner or principal in a public practice, as at 1 July 2011.**
- Elevated to CPA status upon the successful completion of the Public Practice Program. This arrangement is only available until 31 December 2014.
- Upon assessment of work experience approval will be granted to enrol in the Public Practice Program as an Associate member.
- I attach written certified evidence of my work experience as a partner or principal in public practice and declare that I will successfully complete the Public Practice Program and comply with requirements to hold a Public Practice Certificate under By-Law (Part 9) prior to 31 December 2014.
- I acknowledge that failure to complete the undertaking may result in forfeiture of membership.
- CPAs and FCPAs with less than two years experience as a partner or principal in a Public Practice as at 31 December 2011.**
- Members are given until 31 December 2014 to complete the Public Practice Program and comply with the new requirements.
- I declare that I will successfully complete the Public Practice Program and comply with the requirements to hold for a Public Practice Certificate under By-Law (Part 9) prior to 31 December 2014.
- I acknowledge that failure to complete the undertaking may result in forfeiture of membership.
- ASAs with less than five years experience as a partner or principal in a public practice as at 31 December 2011.**
- Members are given until 31 December 2016 to complete the CPA and Public Practice Program and comply.
- I declare that I will successfully complete the CPA and Public Practice programs and comply with the requirements to hold CPA status and hold a Public Practice Certificate under By-Law (Part 9) prior to 31 December 2016.

Declaration

I declare that I have read CPA Australia's Constitution, By-Laws, Code of Professional Conduct and hereby undertake to observe all the requirements laid down therein.

I have read and consented to CPA Australia's collection and disclosure of the information supplied in the application form.

Signature Date

Further Information and contact details

When completed, please return this form to:

CPA Australia New Zealand Branch
Level 16, HSBC House
1 Queen Street
PO Box 105 – 893
Auckland, New Zealand, 1143

Further information regarding public practice requirements and pathways can be found on the CPA Australia website at cpaaustralia.com.au/practicemanagement

Should you require further assistance completing this form members can contact the New Zealand office by calling +64 9 913 7450 or email nz@cpaaustralia.com.au