



APPLICATION FOR EXEMPTION FROM CPD OBLIGATIONS

Membership No.

NOTES

Notes to consider when completing this form

1. Exemption from CPD obligations are granted at the discretion of Divisional Council.
2. Please note: Exemptions from CPD obligations can only be granted for the preceding triennium. Please contact the Membership Department if your circumstances remain unchanged next triennium.
3. Please complete in black ink ballpoint and use block letters.
4. All pages of this form must be completed.
5. Supporting documentation may be required.
6. You may be eligible to transfer to the Retired List if you are 55 years and over and no longer engaged in gainful employment.

DETAILS

Title	<input type="text" value="Mr/Ms/Mrs/Miss/Other"/>	Family Name	<input type="text"/>		
First Name	<input type="text"/>	Middle Name	<input type="text"/>	Preferred Name	<input type="text"/>
Position Title	<input type="text"/>				
Organisation Name	<input type="text"/>				
Business Address	<input type="text"/>			City	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
				Preferred Mail	<input type="checkbox"/> (please tick)
Work Phone	<input type="text" value="()"/>		Home Phone	<input type="text" value="()"/>	
Work Fax	<input type="text" value="()"/>		Mobile	<input type="text" value="()"/>	
Private Address	<input type="text"/>			City	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
				Preferred Mail	<input type="checkbox"/> (please tick)
Private Email	<input type="text"/>			Preferred E-Mail	<input type="checkbox"/> (please tick)
Business Email	<input type="text"/>			Preferred E-Mail	<input type="checkbox"/> (please tick)
Date CPA Status Granted	<input type="text" value="/ /"/>	Date Triennium ended	<input type="text" value="31 / 12 /"/>		
Have you previously applied for an exemption from CPD? YES <input type="checkbox"/> NO <input type="checkbox"/> (please tick)					
I wish to apply for an exemption from CPD Obligations. My reasons for request are detailed in this application.					
Signature	<input type="text"/>			Date	<input type="text" value="/ /"/>

OFFICE USE ONLY

DATE OF ADMISSION	<input type="text" value="/ /"/>	CURRENT STATUS:	<input type="text"/>	DIVISION CODE	<input type="text"/>
PREVIOUS EXEMPTION APPLICATION	YES <input type="checkbox"/> NO <input type="checkbox"/> (please tick)	IF YES TRIENNIUM CONCLUDING	<input type="text" value="/ /"/>		
APPROVED BY DIVISIONAL DIRECTOR	<input type="text"/>			DATE	<input type="text" value="/ /"/>
APPROVED BY DIVISIONAL COUNCIL	<input type="text"/>			DATE	<input type="text" value="/ /"/>
SYSTEM ADJUSTMENT DATE	<input type="text" value="/ /"/>				

CPA AUSTRALIA DIVISIONAL OFFICES AND CONTACT DETAILS

For further information, please call or write to your nearest office or visit CPA Online at www.cpaaustralia.com.au

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WESTERN AUSTRALIA

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ACT

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VICTORIA

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SOUTH AUSTRALIA

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TASMANIA

CPA Australia
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HOBART TAS 7001
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NORTHERN TERRITORY

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DARWIN NT 0801
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BEIJING REPRESENTATIVE OFFICE

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MALAYSIA

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OVERSEAS

All other Overseas applicants should address all correspondence to the Victorian Divisional office.

CPA Australia operates branches in the following locations providing networking, support and professional development opportunities: London (European Group), Port Moresby, Papua New Guinea, Jakarta, Indonesia, Auckland, New Zealand, Suva & Fiji.
For contact details of your local branch visit www.cpaaustralia.com.au

CPA AUSTRALIA WEBSITE ADDRESS

www.cpaaustralia.com.au

Australian Members can contact their local office by calling 1300 73 73 73

CPA Australia ABN 64 008 392 452