

YOUR EXPERIENCE



You can enter your details directly into the form on your computer and then send us a printed and signed copy.
We recommend that you keep a copy for your own records.

(A) ABOUT YOU

YOUR MEMBERSHIP DETAILS

Member number	<input type="text"/>	<input type="text"/>
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YOUR PERSONAL DETAILS

Title	<input type="text"/>	First name	This will be used as your first name in our correspondence.
Preferred name (optional)	<input type="text"/>	Last name	
Date of birth	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		Please ensure the email address is written clearly and is correct.

! Have you changed your name?

If your name is different on any of your transcripts or identity documents, we need proof of name change documents, such as a marriage certificate or government issued change of name document. Original colour scans of documents will be accepted.

YOUR ADDRESS DETAILS

Home address	<input type="text"/>		<input type="text"/>
Suburb or City	<input type="text"/>	Postcode or ZIP	<input type="text"/>
State, Province or Region	<input type="text"/>	Country	<input type="text"/>
Home phone	<input type="text"/>	Mobile/Cell e.g. +61 3 1234 5678	Please include the country code and area code.
Business Phone	<input type="text"/>	<input type="text"/>	

MEMBERSHIP DETAILS

Are you a full member of another Professional Accounting body which is a member of the International Federation of Accountants (IFAC)?

- Yes (progress to Section B then to Section D)
 No (progress to section C)

(B) FULL MEMBERSHIP OF ANOTHER IFAC BODY

If you are a full member of another International Federation of Accountants (IFAC) member body, you may be entitled to a waiver of Your Experience with CPA Australia. To apply, please provide the name of the IFAC body and your member number with that body below, and sign your declaration in Section D. You will also need to provide a high quality colour scan of a Letter of Good Standing (LOGS) to verify your membership with that body.

MEMBERSHIP DETAILS

Name of the IFAC member body	<input type="text"/>	You will only complete this section if you are applying for recognition based on your full membership of an IFAC member body.
Member Number	<input type="text"/>	

(C) CLAIM YOUR EXPERIENCE

To fully satisfy Your Experience you need to complete 36 months of relevant experience and demonstrate a minimum of ten skill areas – four skills being in the Technical category, and two skills in each of Personal Effectiveness, Leadership and Business. The skills list can be found at cpaaustralia.com.au/skillslist

Each role must include at least one technical skill from the skills list to be relevant experience and to count towards Your Experience. Where you are claiming technical skills not drawn from the list, please provide a detailed explanation of each of these. We recommend that you submit a claim form when you believe you have completed all time and skills required. If you would like to check your progress, you may wish to submit a form earlier, but no more than once a year.

Experience can be of any length of time and on any activity, such as work prior to graduation, volunteer work, contracting, part or full time employment.

If the experience you are claiming has been gained from working with a Recognised Employer Partner, it is optional to list skills in the skill table below. You can confirm if your employer is a Recognised Employer Partner at cpaaustralia.com.au/employers/recognised-employer-partners

To claim Your Experience:

Step 1: Provide some information in the table below about your experience

EXPERIENCE TABLE

ROLE	EMPLOYER	RECOGNISED EMPLOYER PARTNER? (YES/NO)	EMPLOYER DETAILS (Full address, phone, website)	POSITION HELD	START DATE DD/MM/YY	END DATE DD/MM/YY	MONTHS WORKED (Full time equivalent)*
	e.g. A Company	e.g. No	e.g. 1 Jones Street, Melbourne, Australia, 02 1111 4444, Accompany.com.au	e.g. Data Analyst	e.g. 1/2/13	e.g. 31/12/15	e.g. 22
1.							
2.							
3.							
4.							
5.							
TOTAL MONTHS WORKED							

*For part time work, you can calculate your full time equivalent in months by using this formula: (your weekly part-time hours ÷ 35 hours) x months worked – full time equivalent in months. Please note: you cannot claim more than 12 months in a 12 month period.

Step 2: Complete the table below using only the Skill Codes from the **skills list** to indicate the skills you have acquired during the experience. Remember that your role must include at least one technical skill from the skills list.

SKILL TABLE

ROLE	PERSONAL EFFECTIVENESS (2 to complete)	LEADERSHIP (2 to complete)	BUSINESS (2 to complete)	TECHNICAL (4 to complete with at least 1 from the skills list)
	e.g. PER1	e.g. LEA1, LEA3	e.g. BUS1	e.g. AUD1
1.				
2.				
3.				
4.				
5.				

If you have gained a technical skill that is not defined in the **skills list** provided, please describe these technical skills below. Other technical skills must be of relevance to accounting, finance and business and should be of equivalent level to any other skill on the skills list.

OTHER TECHNICAL SKILLS

(You may describe a maximum of three technical skills)

Example 1: Mortgage Assessor: When working in Bank ABCD, as a mortgage advisor I was responsible for assessing client's financial position to determine their ability to meet loan obligations when they applied for financing from the bank.

Example 2: Project Management: In my role as a Project Manager I am accountable for the project's budget and resource allocations.

(D) YOUR DECLARATION

The information provided on this form is true and correct.

I have read, understand and agree to the Privacy Policy and Statement at cpaaustralia.com.au/utilities/privacy and consent to my personal information being collected, held, used and disclosed in the manner and for the purposes stated there.

Signature*

Date

D	D	/	M	M	/	Y	Y	Y	Y
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*Please print and sign. Alternatively, CPA Australia accepts digital signatures for section D and/or section E in this form, provided that the applicant's signed application form is sent via an email address registered to the applicant (a personal or individual work email address is acceptable).

(E) SIGN OFF

This section needs to be completed by a CPA, FCPA or a full member of an International Federation of Accountants (IFAC) member body.

MEMBERSHIP DETAILS

Name of the IFAC member body	<input style="width: 95%; height: 25px;" type="text"/>	
Member Number	<input style="width: 95%; height: 25px;" type="text"/>	

PERSONAL DETAILS

Title	<input style="width: 95%; height: 25px;" type="text"/>	First name	
Preferred name (optional)	<input style="width: 95%; height: 25px;" type="text"/>	Last name	This will be used as your first name in our correspondence.
Email	<input style="width: 95%; height: 25px;" type="text"/>		Please ensure the email address is written clearly and is correct.
Were you also a mentor to this applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DECLARATION

I declare that I am a CPA, FCPA or full member of an IFAC member body. I confirm that the information on this form is true and correct, and that I am not receiving any fees to sign off this experience. I also acknowledge that CPA Australia may contact me to verify any of the information provided on this form and that I am not related by birth or marriage to the applicant in Section A.

I have read, understand and agree to the Privacy Policy and Statement at <https://www.cpaaustralia.com.au/privacy-and-security-statement> and consent to my personal information being collected, held, used and disclosed in the manner and for the purposes stated there.

Signature*

Date

D	D	/	M	M	/	Y	Y	Y	Y
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*Please print and sign. Alternatively, CPA Australia accepts digital signatures.

(F) WHAT HAPPENS NEXT

1. Please sign, scan and email your completed application to memberadmin@cpaaustralia.com.au

2. We will let you know the outcome of your application
This will usually take about 10 business days.

If you need help with your application, please contact us at cpaaustralia.com.au/contact