

# CPA AUSTRALIA APPLICATION TO TRADE WITH NON-MEMBERS AS A MULTI-DISCIPLINARY PRACTICE (MDP)



## INTRODUCTION

### PLEASE READ THESE INSTRUCTIONS CAREFULLY

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

### WHAT IS THIS APPLICATION FOR?

This application is to assess your eligibility to practise with non CPA Australia members as a Multi-Disciplinary Practice (MDP).

A member who offers public accounting services may do so through a practice structure approved by the CPA Australia Board, under CPA Australia By-Law 9.3.

One such structure is where CPA Australia members control 50% or more with the remainder held by members of an approved professional body (i.e. one with equivalent entry and professional standards e.g. legal practitioners).

CPAs wishing to operate such a practice, either through a partnership or incorporated entity, may apply to do so using an appropriate practice description. Under the authorisation agreement, non-member partners are required to have an appropriate Quality Review process and all partners are to disclose their qualifications and professional affiliations on their business stationery.

Where possible, we will avoid asking you to provide information that we already have on record for you as a member of CPA Australia. We may contact you, however, to request further documentation as required.

### IF YOU NEED HELP OR MORE INFORMATION

A public practice officer will be able to assist you with the requirements to practise with a non CPA Australia member as a Multi-Disciplinary Practice (MDP).

Australian members can contact a public practice officer by calling 1300 73 73 73 or by emailing [publicpractice@cpaustralia.com.au](mailto:publicpractice@cpaustralia.com.au)

New Zealand members can contact a public practice officer by calling (+64) 09 913 7450 or by emailing [nz@cpaustralia.com.au](mailto:nz@cpaustralia.com.au)

### PRIVACY STATEMENT

To view CPA Australia's Privacy Policy visit the [CPA Australia website](#).

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) or the *New Zealand Privacy Act 1993*. 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 [cpaustralia.com.au](http://cpaustralia.com.au)

### QUICK ELIGIBILITY REVIEW

Prior to completing this form please assess your eligibility using the following pre-requisite checklist.

- The practice is controlled by CPA Australia members and members of an approved professional body
- I have attached a copy of my certificate of currency to attest that I am currently covered by an appropriate professional indemnity insurance policy
- I have attached copies of my proposed letterhead and business card for approval

If you have checked the boxes, as applicable, please continue this application and complete **all** sections.

Otherwise, please contact a public practice officer to identify a pathway relevant to your circumstances.

**Please turn the page to begin your application**

# CPA AUSTRALIA APPLICATION TO TRADE WITH NON-MEMBERS AS A MULTI-DISCIPLINARY PRACTICE (MDP) FORM



## (A) WHAT ARE YOU APPLYING FOR?

I am applying for an:

Application to trade with non-members as a Multi-Disciplinary Practice (MDP)

## (B) PRACTICE DETAILS

Please reconfirm the following details to ensure our records are correct.

Name of practice entity				
Registered trading name				If different to above
ABN / NZBN				
ACN / NZ Company Number				(as applicable)
Practice street address				
Suburb or City		State, Province or Region		
Country		Postcode or ZIP		

Preferred mail

Work phone		Mobile		
Postal address				
Suburb or City		State, Province or Region		
Country		Postcode or ZIP		

Preferred mail

Practice email				
Practice website				

## (C) PRACTICE TYPE

Tick the box to indicate the structure of the practice.

- Partnership – unincorporated  
 Practice – incorporated  
 Another type of legal structure

Is your practice an Approved Practice Entity in accordance with CPA Australia's By-Law 9.3?

- Yes  
 No

ALL PARTNERS / DIRECTORS HAVE TO COMPLETE AN INDIVIDUAL DECLARATION.

**(D) APPLICANT NO. 1 (PRIMARY CONTACT)**

Our primary contact **must** be a CPA Australia Public Practice Certificate holder.

**YOUR MEMBERSHIP DETAILS**

Membership No

--	--

**YOUR PERSONAL DETAILS**

As you are a member of CPA Australia we already have some of your details.

Title  
Preferred name  
(optional)

	First name		
	Last name		

**YOUR PARTNER / DIRECTOR DETAILS**

Tick the box to indicate public practising certificates held.

- CPA Australia Public Practice Certificate
- Chartered Accountants Australia & New Zealand certificate of public practice  
(Chartered Accountants Australia & New Zealand is a trading name of the ICAA and NZICA)

Share class	
% of voting shares held	%
% of non-voting shares held	%

## LICENCES AND CERTIFICATES HELD

Are you a current member of another professional association or do you hold another professional designation?  Yes  No

Do you currently hold any of the following licences or certificates? Please select relevant options.

*Note: you do not need to supply copies of any licences or certificates held.*

Auditor Superannuation Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Australian Credit Licensee (ACL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Authorised Financial Adviser (New Zealand)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Australian Financial Services Licensee (AFSL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Authorised Representative (of an AFSL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Certified Financial Planner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Credit Representative (of an AFSL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Limited AFS Licensee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Registered BAS Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Registered Company Auditor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Issuer Auditor (New Zealand)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Qualified Auditor (New Zealand)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Statutory Auditor (New Zealand)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Registered Tax (Financial) Adviser	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Registered Tax Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Registered Tax Adviser (New Zealand)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Representative (of an AFSL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Review / Assurance Practitioner (Audit 2nd Tier Firms)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Bankruptcy Trustee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Legal Practising Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Member of ARITA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Registered Company Liquidator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.
Registered Official Liquidator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence / Registration No.

**FITNESS TO BE GRANTED AN AUTHORITY TO TRADE WITH NON-MEMBERS AS A MULTI-DISCIPLINARY PRACTICE (MDP)**

All of these questions **must** be answered for your assessment.

Have you ever been convicted in the past of a criminal offence or are there any charges pending against you?

Yes  No

**Australian applicants:** there is no requirement to reveal a spent conviction. A conviction is a spent conviction if it is 10 years or more since the date of the conviction (five for a juvenile) and the sentence imposed was a fine, bond, community service order or imprisonment for a period of less than 30 months and there have not been any further offences in the last 10 years.

**New Zealand applicants:** provided all conditions in the *Criminal Records (Clean Slate) Act 2004* are met an applicant is entitled to withhold information about their convictions. The conditions are:

- no convictions in the last seven (7) years
- never sentenced to a custodial sentence e.g. imprisonment, corrective training, borstal
- never been ordered by a Court after a criminal case to be detained in a hospital due to a mental health condition instead of being sentenced
- not been convicted of a specified offence e.g. sexual offence against children, young people or the mentally impaired
- paid in full any fine, reparation or costs ordered by the Court in a criminal case
- never been indefinitely disqualified from driving under Section 65 of the *Land Transport Act 1998* or earlier equivalent provision.

Are you or have you ever been made bankrupt or made the subject of an official assignment for the benefit of creditors?

Yes  No

Are you or have you ever been a director of a company to which a receiver, receiver manager, an enforcer of a security interest, provisional liquidator or liquidator has been appointed while you were a director or within six (6) months after you ceased to be a director?

Yes  No

Have you been or are you disqualified from managing a corporation or banned from being a director of a corporation?

Yes  No

Have you ever been refused membership to a professional body for which you have the appropriate academic qualifications?

Yes  No

Have you ever had to forfeit your membership of a statutory, professional or other body?

Yes  No

Are you or have you ever been subject to disciplinary proceedings by a statutory, professional or other body?

Yes  No

 If you answered 'yes' to any of these questions please provide more information about the nature of your situation on a separate sheet and attach any related official documentation to support your application.

Your application will be considered individually on its merits and may take longer to process.

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## DECLARATIONS

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### I declare that:

- I have read the Privacy Statement and I consent to my personal information being collected, used and disclosed for the purposes outlined and as stated in the Privacy Statement.
- I am not aware of any further matter that may be relevant to your assessment of my application, qualifications and whether I am a fit and proper person to continue to be a member of CPA Australia and to hold an authority to trade with non-members as a Multi-Disciplinary Practice.
- The information and answers I have provided to any questions are complete and accurate and I will, if anything alters in the future, immediately notify CPA Australia.
- I declare that I have read CPA Australia's By-Laws Part 9 on Public Practice and hereby undertake to observe all the requirements laid down therein, including the requirements in By-Law 9.3 on approved entities.
- I will continue to be bound by CPA Australia's Constitution, By-Laws, Code of Professional Conduct and Applicable Regulations of the Board from time to time in force.
- I authorise CPA Australia to obtain any information from any person or entity about me as it considers necessary in order to process my application and to service and maintain my membership. I authorise such person or entity to release this information to CPA Australia.
- I consent to CPA Australia disclosing the fact that I hold an Authority to Trade with Non-Members as a Multi-Disciplinary Practice to any person (whether upon request or by publication) notwithstanding that such information may comprise personal information or sensitive information within the meaning of those terms under the Privacy Act 1988, as amended.
- I will undertake and keep a record of my continuing professional development obligations (currently 120 hours over a three-year period [triennium] with a minimum of 20 hours in any one year).
- I will comply with all mandatory and other conditions attached to any licence issued to me by CPA Australia.
- The information that I have provided in this application and in any supporting documents is current and true and correct.

### Public Practice Branding declaration

I understand that there will be an authority agreement with CPA Australia to trade with non-members as a Multi-Disciplinary Practice. I have read CPA Australia's **Public Practice Brand Guidelines** ("PP Guidelines") and hereby acknowledge that:

- I may use CPA Australia public practice branding and the CPA Australia public practice logo ("PP Branding"), as permitted under limited licence under CPA Australia's By-Law 9.5, as long as that use is strictly in accordance with the PP Guidelines.
- I must seek approval from CPA Australia for any use of PP Branding which differs from approved use as set out in the PP Guidelines.
- All proposed partners / directors of the practice must sign the authority agreement provided by CPA Australia.
- The qualifications and professional affiliations of all partners / directors must be included on my business stationery, in accordance with the PP Guidelines.
- The PP Branding may not be used in association with a franchise unless, as a franchisee, I hold a separate CPA Australia public practice certificate.
- If I operate as a franchisee, I will not reference the mother practice of a franchise.

AND

- I attach copies of my proposed letterhead and business card for approval.

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**DECLARATIONS**

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**Professional Indemnity Insurance declaration**

New and existing practices need to provide a copy of their certificate of currency with this application. CPA Australia will continue to require minimum levels of cover in accordance with its **By-Laws** and Australian and New Zealand regulations for the provision of public accounting services.

- The practice holds a current policy of **professional indemnity insurance** as per By-Law 9.8 which meets the following requirements:
- (i) minimum sum insured (AUD\$2,000,000 for members based in Australia; NZ\$1,000,000 for members based in New Zealand)
  - (ii) one or more automatic reinstatement
  - (iii) covers all natural persons affiliated with the practice

Name of professional indemnity insurer																		
Policy expiry date				/														

- I attach a copy of the current certificate of currency.

**Quality Control declaration**

I am aware that, as an applicant applying for authority to trade with non-members as a Multi-Disciplinary Practice, I must confirm in writing that I:

- have established and will maintain, or have during the preceding period maintained, levels of quality control appropriate to the practice in accordance with APES 320 Quality Control for Firms.
- agree to undertake, complete and have accepted a Best Practice Review in accordance with the Best Practice Program policies and procedures at the time of selection. (CPA Australia will accept a Chartered Accountants Australia & New Zealand review as an alternative to a Best Practice Program)

All applicants will be expected to so demonstrate their levels of quality control to the satisfaction of CPA Australia.

Signature

Date

 /  / 

**Partner / Director No. 2 needs to complete the next section**

## (E) APPLICANT NO. 2

### YOUR MEMBERSHIP DETAILS

Are you a member of CPA Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership No		

### YOUR PERSONAL DETAILS

Title		First name		
Preferred name (optional)		Last name		
Work phone		Mobile		
Email				
Date of birth		/		/

### YOUR PARTNER / DIRECTOR DETAILS

Tick the box to indicate public practising certificates held.

- CPA Australia Public Practice Certificate
- Chartered Accountants Australia & New Zealand certificate of public practice  
(Chartered Accountants Australia & New Zealand is a trading name of the ICAA and NZICA)

Share class	
% of voting shares held	%
% of non-voting shares held	%

List your academic qualifications

Provide details of any memberships of other professional associations or other professional designations held



**Your relevant employment experience**

- I attest that I have outlined my academic qualifications in this application
- I attest that I have disclosed any membership of other professional associations in this application
- I attest that I have provided details of my relevant employment experience in this application

Full details of the relevant employment experience requirements for non CPA Australia partners or directors are outlined in CPA Australia's **By-Laws**.

This application will take into account the:

- tertiary or other professional qualifications of the non-member
- competence, experience or skill demonstrated by the non-member in their profession or calling
- the commercial, community or educational status of the non-member.

Please complete your relevant employment experience below for your last three employment positions.

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**CURRENT OR IMMEDIATE PAST POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

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**PREVIOUS POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

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**PREVIOUS POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

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## FITNESS TO BE GRANTED AN AUTHORITY TO TRADE WITH NON-MEMBERS AS A MULTI-DISCIPLINARY PRACTICE (MDP)

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All of these questions **must** be answered for your assessment.

Have you ever been convicted in the past of a criminal offence or are there any charges pending against you?

Yes  No

**Australian applicants:** there is no requirement to reveal a spent conviction. A conviction is a spent conviction if it is 10 years or more since the date of the conviction (five for a juvenile) and the sentence imposed was a fine, bond, community service order or imprisonment for a period of less than 30 months and there have not been any further offences in the last 10 years.

**New Zealand applicants:** provided all conditions in the *Criminal Records (Clean Slate) Act 2004* are met an applicant is entitled to withhold information about their convictions. The conditions are:

- no convictions in the last seven (7) years
- never sentenced to a custodial sentence e.g. imprisonment, corrective training, borstal
- never been ordered by a Court after a criminal case to be detained in a hospital due to a mental health condition instead of being sentenced
- not been convicted of a specified offence e.g. sexual offence against children, young people or the mentally impaired
- paid in full any fine, reparation or costs ordered by the Court in a criminal case
- never been indefinitely disqualified from driving under Section 65 of the *Land Transport Act 1998* or earlier equivalent provision.

Are you or have you ever been made bankrupt or made the subject of an official assignment for the benefit of creditors?

Yes  No

Are you or have you ever been a director of a company to which a receiver, receiver manager, an enforcer of a security interest, provisional liquidator or liquidator has been appointed while you were a director or within six (6) months after you ceased to be a director?

Yes  No

Have you been or are you disqualified from managing a corporation or banned from being a director of a corporation?

Yes  No

Have you ever been refused membership to a professional body for which you have the appropriate academic qualifications?


Yes  No

Have you ever had to forfeit your membership of a statutory, professional or other body?

Yes  No

Are you or have you ever been subject to disciplinary proceedings by a statutory, professional or other body?

Yes  No

 If you answered 'yes' to any of these questions please provide more information about the nature of your situation on a separate sheet and attach any related official documentation to support your application.

Your application will be considered individually on its merits and may take longer to process.

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**DECLARATIONS**

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**I declare that:**

- I have read the Privacy Statement and I consent to my personal information being collected, used and disclosed for the purposes outlined and as stated in the Privacy Statement.
- I am not aware of any further matter that may be relevant to your assessment of my application.
- The information and answers I have provided to any questions are complete and accurate and I will, if anything alters in the future, immediately notify CPA Australia.
- I authorise CPA Australia to obtain any information from any person or entity about me as it considers necessary in order to process my application. I authorise such person or entity to release this information to CPA Australia.
- I will comply with all mandatory and other conditions attached to any authority agreement issued to me by CPA Australia.
- The information that I have provided in this application and in any supporting documents is current, true and correct.

**Professional Indemnity Insurance declaration**

Non-members of CPA Australia must hold appropriate professional indemnity insurance as required by regulatory bodies and / or their professional association.

Name of professional indemnity insurer																	
Policy expiry date			/			/											

I attach a copy of a current policy of professional indemnity insurance as required by my regulatory body and / or professional association.

**Quality Control declaration**

I am aware that, as an applicant applying for an authority to trade with non-members as a Multi-Disciplinary Practice, I must confirm in writing that I:

have established and will maintain, or have during the preceding period maintained, levels of quality control appropriate to the practice in accordance with APES 320 Quality Control for Firms.

agree to undertake, complete and have accepted a Best Practice Review in accordance with the Best Practice Program policies and procedures at the time of selection. (CPA Australia will accept a Chartered Accountants Australia & New Zealand review as an alternative to a Best Practice Program)

All applicants will be expected to so demonstrate their levels of quality control to the satisfaction of CPA Australia.

Signature

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Date

			/				/							
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**Partner / Director No. 3 needs to complete the next section**

## (F) APPLICANT NO. 3

### YOUR MEMBERSHIP DETAILS

Are you a member of CPA Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership No		

### YOUR PERSONAL DETAILS

Title		First name		
Preferred name (optional)		Last name		
Work phone		Mobile		
Email				
Date of birth		/		/

### YOUR PARTNER / DIRECTOR DETAILS

Tick the box to indicate public practising certificates held.

- CPA Australia Public Practice Certificate
- Chartered Accountants Australia & New Zealand certificate of public practice  
(Chartered Accountants Australia & New Zealand is a trading name of the ICAA and NZICA)

Share class	
% of voting shares held	%
% of non-voting shares held	%

List your academic qualifications

Provide details of any memberships of other professional associations or other professional designations held

**Your relevant employment experience**

- I attest that I have outlined my academic qualifications in this application
- I attest that I have disclosed any membership of other professional associations in this application
- I attest that I have provided details of my relevant employment experience in this application

Full details of the relevant employment experience requirements for non CPA Australia partners or directors are outlined in CPA Australia's **By-Laws**.

This application will take into account the:

- tertiary or other professional qualifications of the non-member
- competence, experience or skill demonstrated by the non-member in their profession or calling
- the commercial, community or educational status of the non-member.

Please complete your relevant employment experience below for your last three employment positions.

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**CURRENT OR IMMEDIATE PAST POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

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**PREVIOUS POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

---

**PREVIOUS POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

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## FITNESS TO BE GRANTED AN AUTHORITY TO TRADE WITH NON-MEMBERS AS A MULTI-DISCIPLINARY PRACTICE (MDP)

---

All of these questions **must** be answered for your assessment.

Have you ever been convicted in the past of a criminal offence or are there any charges pending against you?

Yes  No

**Australian applicants:** there is no requirement to reveal a spent conviction. A conviction is a spent conviction if it is 10 years or more since the date of the conviction (five for a juvenile) and the sentence imposed was a fine, bond, community service order or imprisonment for a period of less than 30 months and there have not been any further offences in the last 10 years.

**New Zealand applicants:** provided all conditions in the *Criminal Records (Clean Slate) Act 2004* are met an applicant is entitled to withhold information about their convictions. The conditions are:

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- never sentenced to a custodial sentence e.g. imprisonment, corrective training, borstal
- never been ordered by a Court after a criminal case to be detained in a hospital due to a mental health condition instead of being sentenced
- not been convicted of a specified offence e.g. sexual offence against children, young people or the mentally impaired
- paid in full any fine, reparation or costs ordered by the Court in a criminal case
- never been indefinitely disqualified from driving under Section 65 of the *Land Transport Act 1998* or earlier equivalent provision.

Are you or have you ever been made bankrupt or made the subject of an official assignment for the benefit of creditors?

Yes  No

Are you or have you ever been a director of a company to which a receiver, receiver manager, an enforcer of a security interest, provisional liquidator or liquidator has been appointed while you were a director or within six (6) months after you ceased to be a director?

Yes  No

Have you been or are you disqualified from managing a corporation or banned from being a director of a corporation?

Yes  No

Have you ever been refused membership to a professional body for which you have the appropriate academic qualifications?


Yes  No

Have you ever had to forfeit your membership of a statutory, professional or other body?

Yes  No

Are you or have you ever been subject to disciplinary proceedings by a statutory, professional or other body?

Yes  No

 If you answered 'yes' to any of these questions please provide more information about the nature of your situation on a separate sheet and attach any related official documentation to support your application.

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**DECLARATIONS**

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**I declare that:**

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- I will comply with all mandatory and other conditions attached to any authority agreement issued to me by CPA Australia.
- The information that I have provided in this application and in any supporting documents is current, true and correct.

**Professional Indemnity Insurance declaration**

Non-members of CPA Australia must hold appropriate professional indemnity insurance as required by regulatory bodies and / or their professional association.

Name of professional indemnity insurer																		
Policy expiry date			/			/												

I attach a copy of a current policy of professional indemnity insurance as required by my regulatory body and / or professional association.

**Quality Control declaration**

I am aware that, as an applicant applying for an authority to trade with non-members as a Multi-Disciplinary Practice, I must confirm in writing that I:

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All applicants will be expected to so demonstrate their levels of quality control to the satisfaction of CPA Australia.

Signature

Date  /  /

**Partner / Director No. 4 needs to complete the next section**

## (G) APPLICANT NO. 4

### YOUR MEMBERSHIP DETAILS

Are you a member of CPA Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership No		

### YOUR PERSONAL DETAILS

As you are a member of CPA Australia we already have some of your details.

Title		First name		
Preferred name (optional)		Last name		
Work phone		Mobile		
Email				
Date of birth		/		/

### YOUR PARTNER / DIRECTOR DETAILS

Tick the box to indicate public practising certificates held.

- CPA Australia Public Practice Certificate
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Share class	
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List your academic qualifications

Provide details of any memberships of other professional associations or other professional designations held



**Your relevant employment experience**

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**CURRENT OR IMMEDIATE PAST POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

---

**PREVIOUS POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

---

**PREVIOUS POSITION**

Job Title / Role			
Name of employer			
Period position held	From	To	

**FITNESS TO BE GRANTED AN AUTHORITY TO TRADE WITH NON-MEMBERS AS A MULTI-DISCIPLINARY PRACTICE (MDP)**

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Yes  No

Have you ever had to forfeit your membership of a statutory, professional or other body?

Yes  No

Are you or have you ever been subject to disciplinary proceedings by a statutory, professional or other body?

Yes  No

 If you answered 'yes' to any of these questions please provide more information about the nature of your situation on a separate sheet and attach any related official documentation to support your application.

Your application will be considered individually on its merits and may take longer to process.

## DECLARATIONS

### I declare that:

- I have read the Privacy Statement and I consent to my personal information being collected, used and disclosed for the purposes outlined and as stated in the Privacy Statement.
- I am not aware of any further matter that may be relevant to your assessment of my application.
- The information and answers I have provided to any questions are complete and accurate and I will, if anything alters in the future, immediately notify CPA Australia.
- I authorise CPA Australia to obtain any information from any person or entity about me as it considers necessary in order to process my application. I authorise such person or entity to release this information to CPA Australia.
- I will comply with all mandatory and other conditions attached to any authority agreement issued to me by CPA Australia.
- The information that I have provided in this application and in any supporting documents is current, true and correct.

### Professional Indemnity Insurance declaration

Non-members of CPA Australia must hold appropriate professional indemnity insurance as required by regulatory bodies and / or their professional association.

Name of professional indemnity insurer																	
Policy expiry date			/			/											

- I attach a copy of a current policy of professional indemnity insurance as required by my regulatory body and / or professional association.

### Quality Control declaration

I am aware that, as an applicant applying for an authority to trade with non-members as a Multi-Disciplinary Practice, I must confirm in writing that I:

- have established and will maintain, or have during the preceding period maintained, levels of quality control appropriate to the practice in accordance with APES 320 Quality Control for Firms.
- agree to undertake, complete and have accepted a Best Practice Review in accordance with the Best Practice Program policies and procedures at the time of selection. (CPA Australia will accept a Chartered Accountants Australia & New Zealand review as an alternative to a Best Practice Program)

All applicants will be expected to so demonstrate their levels of quality control to the satisfaction of CPA Australia.

Signature

Date

 /  / 

## (H) LODGEMENT OF APPLICATION

There is no application fee associated with holding an authority to trade with non-members as a Multi-Disciplinary Practice.

An authority to trade with non-members as a Multi-Disciplinary Practice is ongoing and does not require renewal unless there is a change in the practice structure.

When completed, please return this form to CPA Australia by email at [publicpractice@cpaaustralia.com.au](mailto:publicpractice@cpaaustralia.com.au)

## (I) WHAT HAPPENS NEXT

1. **We will let you know if your application cannot be processed or we require additional information.**
2. **We will let you know the outcome of your application**  
In general, you should receive our response by email within 15 working days of submitting your application.
3. **Appeal or review policy**  
Details of the appeals review process are outlined in CPA Australia's **By-Laws** Part 9 on Public Practice.

## (J) REQUIREMENTS FOR SUPPORTING DOCUMENTATION

When you send us copies of your documents, they must be:

- certified true copies of the originals
- in English

Please do **not** send original documents. They will not be returned.

### What is a "certified true copy" of an original?

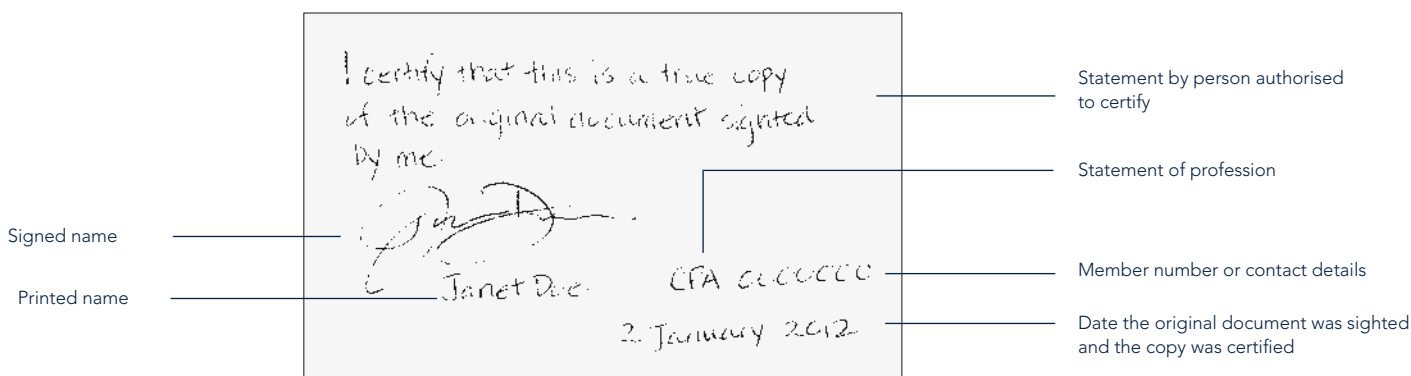
A certified true copy is a copy of an original document that is verified as being authentic. An authorised person must certify the copy after seeing the original document. A list of authorised people who can certify documents is below.

### What needs to be certified?

- copies of all identity documents
- documents relating to your education (e.g. academic transcripts, academic award or letter of completion)
- documents relating to professional memberships
- non-English documents, as listed above, and the corresponding English versions that have been translated by a professional translator

### How do I get my documents certified?

1. photocopy your original documents
2. take your original documents and photocopies to a person who is authorised to certify documents (see below)
3. have the authorised person certifying
  - write on the same side of each copy "I certify that this is a true copy of the original document sighted by me"
  - sign and print their name
  - state their profession or occupation group (as below)
  - member number (if applicable) or contact details
  - the date certified (within the last 12 months)



### We do not accept

- photocopies or faxes of certified documents
- certifications where the identity of the person certifying cannot be read
- certification made by a person not authorised to certify documents
- certification made by yourself, on your own documents, even if you are a person authorised to certify documents

### Who can certify my documents?

The following people are authorised to certify documents:

- staff at your local CPA Australia office listed on the CPA Australia website [cpaaustralia.com.au/contact](http://cpaaustralia.com.au/contact)
- CPA or FCPA (Fellow) but not an Associate member of CPA Australia
- full member of a recognised International Federation of Accountants (IFAC) professional body as listed on [www.ifac.org/about/member-bodies](http://www.ifac.org/about/member-bodies)
- Justice of the Peace
- solicitor or lawyer (Australian applicants); barrister or solicitor of the NZ High Court (NZ applicants)
- police officer, sheriff or sheriff's officer (Australian applicants); police officer (NZ applicants)
- dentist, medical practitioner, pharmacist or veterinary surgeon (Australian applicants)
- bank manager or school principal (Australian applicants)
- notary officer (Australian applicants)
- Registrar or Deputy Registrar of courts in NZ (NZ applicants)
- Australian consular or diplomatic officer (Australian applicants)
- any other official who, in your home country, is authorised to endorse documents and legal declarations or to witness sworn affidavits.