



Collaborative Professionals (NSW) Inc

Application Form for Membership of Collaborative Professionals (NSW) Inc

- Complete and sign the Application Form
- Have the Application Form signed and by a nominator and seconder, who are each members of the Collaborative Professionals (NSW) Inc
- **Post** the completed Application Form to:
Collaborative Professionals (NSW) Inc
C/- Simeon Levin, Simfin, Level 5, Challis House, 4 Martin Place, SYDNEY NSW 2000
- **Or email to: slevin@simfin.com.au**
- Membership fee (\$200) can be made by Direct Deposit:
Acct Name: CPNSW
BSB: 062 021
Acct No: 10455271
Reference: (your surname and initials)

Your Contact Details – the information provided will be included on the CPNSW website

Family Name: _____
Given Name: _____
Email: _____
Website: _____
Firm Name: _____
Telephone No: _____
Address: _____
_____ Post Code: _____

Professional Field and Qualifications

Please select your Professional field:

Legal I hold a current practising Certificate as a legal practitioner

Financial I am a Certified Financial Planner

Certified Public Accountant

Chartered Accountant

Communication I hold a tertiary qualification in Psychiatry

Psychology

Counselling

Social Work

Family Dispute Resolution Practitioner

I am a FDRP registered under the Family Law Act Regulations

What is your area of practice? _____

Other. Please provide evidence of your professional qualifications



Collaborative Professionals (NSW) Inc

Collaborative Training

Training Type: _____

Date Completed: _____

Name of Trainer: _____

Hours Completed: _____

Confirmation

I _____
(full name of applicant)

of _____ Post Code: _____
(address)

- declare that I satisfy the professional requirements for membership in my professional field.
- declare that I hold appropriate professional indemnity insurance to undertake work as a collaborative professional.

(Signature of applicant)

(Date)

Nomination by a Member of Collaborative Professionals (NSW) Inc

I _____
(full name)

a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

(Signature of the proposer)

(Date)

Seconding the nomination by a Member of Collaborative Professionals (NSW) Inc

I _____
(full name)

a member of the association, second the nomination of the applicant, who is personally known to me, for membership of the association.

(Signature of the seconder)

(Date)