



## 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](mailto: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  
 I am a member of Financial Planning Association of Australia & hold financial planning qualifications/experience and ASIC registration
- 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 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)