



## 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 Public Accountant  Chartered Accountant
- Financial Advisor AND: -
- a member of FPA or AFA; AND
  - I hold a related degree in financial planning; OR
  - I am a practising CFP; OR
  - I am on an education pathway to attaining a related degree in financial planning or becoming a CFP
- Please note: All Financial Advisors must submit a copy of their degree or current CFP certification or if on an education pathway, a summary of education results to date.**
- 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? \_\_\_\_\_

**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)