

PROFESSIONAL MEMBERSHIP APPLICATION FORM FOUNDATION PATHWAY



ARITA DETAILS

Member ID Year Graduated IEP or Advanced Certification

Current Membership Category Associate Member Academic Member
 Lender & Investor Member Graduate Subscriber Student Subscriber

YOUR DETAILS

Title First Name Middle Name(s)

Last Name Designation

Position Gender Date of Birth / / DD/MM/YY

Company

Business Street Address

Business Postal Address

Private Address

Preferred Postal Address Business Street Business Postal Private

Phone Mobile

Email Address

Secondary Email Address

PROFESSIONAL EXPERIENCE

Number of years' experience in Restructuring, Insolvency & Turnaround
(Note: at least 3 years of the last 5 years in RIT to be eligible for foundation pathway)

Number of years in other Please specify areas

Number of years in other Please specify areas

What is your main focus or area of expertise?

EMPLOYMENT HISTORY

Current Employer	<input type="text"/>	Commencement Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>			
Previous Employer	<input type="text"/>							
Period of Employment	<input type="text" value="/"/>	<input type="text" value="/"/>	to	<input type="text" value="/"/>	<input type="text" value="/"/>	DD/MM/YY	Position	<input type="text"/>
Previous Employer	<input type="text"/>							
Period of Employment	<input type="text" value="/"/>	<input type="text" value="/"/>	to	<input type="text" value="/"/>	<input type="text" value="/"/>	DD/MM/YY	Position	<input type="text"/>

EDUCATION HISTORY

Institute	<input type="text"/>	Year of Completion	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
Name of Qualifications/Degree	<input type="text"/>				
Institute	<input type="text"/>	Year of Completion	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
Name of Qualifications/Degree	<input type="text"/>				
Institute	<input type="text"/>	Year of Completion	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
Name of Qualifications/Degree	<input type="text"/>				

PROFESSIONAL BODY

<input type="radio"/> Chartered Accountants (CAANZ)	Category	<input type="text"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
<input type="radio"/> CPA Australia (CPA)	Category	<input type="text"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
<input type="radio"/> Law Society/Institute	Category	<input type="text"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
<input type="radio"/> Practising Certificate	Category	<input type="text"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
<input type="radio"/> Other	Issued By	<input type="text"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
<input type="radio"/> Other	Issued By	<input type="text"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>

REGISTRATIONS

<input type="radio"/> Registered Liquidator No.	Date Registered	<input type="text" value="/"/>	<input type="text" value="/"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
<input type="radio"/> Official Liquidator No.	Date Registered	<input type="text" value="/"/>	<input type="text" value="/"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>
<input type="radio"/> Trustee No.	Date Registered	<input type="text" value="/"/>	<input type="text" value="/"/>	Current To	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="DD/MM/YY"/>

Why should you be admitted as a member? Please explain below

SUPPORTING DOCUMENTATION (Required)

- CV/Resume/Bio with detailed experience
- Previous 3 years of verifiable CPE records
- Proof of Employment letter
- Letter(s) of Good Standing from your Association(s)
- Qualification/s documentation (transcripts, certificates etc)
- Professional Indemnity Insurance Cover

SUPPORTING DOCUMENTATION (Optional)

- Character Reference Letter
- Experience Reference Letter
- Other, please specify

REFERENCE CHECKS

Two references are required for all applications. Your two referees must be current ARITA Professional Members and at least one must be from a firm other than your current one. Both must have known you for one year or longer.

The forms for your referees to complete are at the end of this application form.

ARITA ANNUAL REPORT PUBLICATION Please nominate your preferred delivery method

- Please send me the ARITA Annual Report electronically or
- Please send me the ARITA Annual Report in print form

COMPULSORY DECLARATIONS

- I declare the above information and supporting documentations I have provided are true and accurate records.
- I know of no reasons why I should not be admitted as a Member of ARITA.
- I agree to be bound by the ARITA Constitution and Regulations, including the Code of Professional Practice.
- I confirm that I am not currently the subject of disciplinary proceedings by an insolvency regulator or a professional body (other than ARITA) or subject to any court or enforcement action related to my professional conduct by another government agency or if I am subject to such action, details have been forwarded to ARITA on a confidential basis. ARITA may contact you further regarding information provided in relation to disciplinary proceedings, including any consequential impact on your membership application.
- I note that visitors to the ARITA website will be able to search my current membership status, registered firm name and business contact details and I release ARITA to provide this information.
- I agree that ARITA can provide my Employer, Regulator/relevant authority/government agency and/or other professional/member association that I may be a member of with information relating to my membership.
- I give consent for ARITA to provide my membership details to INSOL International for membership and including for publication in the INSOL directory.
- I confirm that I am covered either individually or through my firm/employer with adequate fidelity/professional indemnity insurance to undertake the scope of professional services that I provide.

- I confirm my commitment to complete at least 120 hours of job relevant CPD within each 3 year period from the anniversary of my membership, of which 30 hours must be verifiable CPD, to fulfil my obligations as prescribed in the ARITA Regulations. If I have passed the 3 year anniversary since completing my last membership declaration, I confirm that I have fulfilled the CPD obligations as prescribed in the ARITA Regulations.
- I confirm that I remain a member in good standing of the relevant Foundation accounting body or Law society or Institute, or that I continue to hold a legal Practising Certificate.

Signature

Date

DD/MM/YY

PROCESSING TIME

All membership applications are put through a rigorous screening process including approval by the local Division Committee from which the applicant resides and then by the ARITA Board.

All membership applications should be sent through as one complete document (less than 2MB) and must have all supporting documentation.

Membership applicants may be interviewed by their local Division Committee representative(s) or the National Membership Committee prior to their application being approved.

The membership application process takes approximately 2-3 months to complete. Please return your completed application form and all supporting documentation by email to membership@arita.com.au

REFERENCE #1

Applicant's Details

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	Member ID <input type="text"/>

Proposer #1

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	Member ID <input type="text"/>
Phone	<input type="text"/>	
Relationship	<input type="text"/>	Known <input type="text"/>

I support and recommend the above mentioned applicant for membership of ARITA.
 I confirm that I am not related to the applicant and that I have known or worked with the applicant for more than one year.

Signature

Date / / DD/MM/YY

REFERENCE #2

Applicant's Details

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	Member ID <input type="text"/>

Proposer #2

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	Member ID <input type="text"/>
Phone	<input type="text"/>	
Relationship	<input type="text"/>	Known <input type="text"/>

I support and recommend the above mentioned applicant for membership of ARITA.
 I confirm that I am not related to the applicant and that I have known or worked with the applicant for more than one year.

Signature

Date DD/MM/YY