

BPAD Category

- BPAD – Level 1 BPAD – Level 2 BPAD – Level 3

BPAD Jurisdiction

- WA

Note: A separate application must be made for additional jurisdiction(s). Go to <http://www.fpa.com.au/bpad/forms.aspx> to obtain an application form.

For Levels 1 or 2 only, please advise selected WA pathway

- Pathway 1 Pathway 2

For Level 3, only Pathway 1 is available

- Pathway 1

Practitioner Personal Details

Title _____ First Name _____ Last Name _____

Mailing address _____

Suburb _____ State _____ Postcode _____

Phone _____ Mobile _____

Fax _____ DOB _____

Email _____

Years of experience in bushfire planning and design _____

Insurance Compliance

Indicate below how you plan to meet the Insurance requirements of the BPAD Scheme

Applicants applying for accreditation must be covered by public and products liability insurance for a minimum amount of \$10 million and professional indemnity insurance for a minimum amount of \$2 million.

- I personally hold the required level of insurance (insurance is in my name)
 My insurance cover is provided by the business entity that employs / engages me as a BPAD Accredited Practitioner

Please ensure the Certificate of Currency for Professional Indemnity insurance is amended as described in the BPAD Handbook.

Practitioner Employment Details – Current Position

Position title _____ Start Date ____ / ____ / ____

Job Functions _____

Name of business _____

Principal activities of business _____

Practitioner Employment Details – Previous Relevant Positions

Position title _____ / ____ / ____

Start Date ____ / ____ / ____ Finish Date ____ / ____ / ____

Job Functions _____

Name of business _____

Principal activities of business _____

Position title _____ / ____ / ____

Start Date ____ / ____ / ____ Finish Date ____ / ____ / ____

Job Functions _____

Name of business _____

Principal activities of business _____

References

Provide the names and phone numbers of two referees who can verify your experience

Referee #1

Relationship to applicant

Contact number

Referee #2

Relationship to applicant

Contact number

Academic Qualifications

List the relevant academic qualifications you hold.

| Course code and/or title | Institution | Date Awarded |
|--------------------------|-------------|--------------|
| | | / / |
| | | / / |
| | | / / |
| | | / / |

*Notes: For jurisdictions where transitional provisions exist, include details of completion of transitional qualifications above
Evidence of Academic Qualifications is required to be included with the portfolio of evidence*

Professional Development

Provide details of any other relevant training or professional development undertaken.

Evidence Checklist

Check that you have completed every section on this form and attach the following:

- Portfolio of evidence (refer Section 3 of the handbook) including:
 - Minimum required number of Bushfire Assessment reports. **Reports are to be provided in both electronic and hard copy format.**
 - Evidence of your qualifications relevant to the category of accreditation requested, if appropriate.
 - Any other relevant documentary evidence that supports the application.
- Insurance policy or certificate of currency for public liability insurance—minimum of AUD \$10 million.
- Insurance policy or certificate of currency for professional indemnity insurance—minimum of AUD \$2 million.
- Recent passport style colour photograph (may also be emailed)
- Payment of the applicable accreditation fees.

Fee Schedule

New applicants not yet accredited at any level

| Practitioner Application Fee - Includes Annual Fee for 1 st Year | Fee |
|---|--------|
| Level 1 | \$1000 |
| Level 2 (Includes mandatory workshop enrolment fee) | \$1342 |
| Level 3 (Includes mandatory workshop enrolment fee) | \$1455 |
| Unsuccessful Application – Review Fee | \$440 |

Currently accredited practitioners applying for a higher level of accreditation

| Practitioner Application Fee | Fee |
|---|-------|
| Level 2 (Includes mandatory workshop enrolment fee) | \$630 |
| Level 3 (Includes mandatory workshop enrolment fee) | \$630 |
| Unsuccessful Application – Review Fee | \$440 |

Please see the BPAD Handbook for Practitioner Application Fees if applying for Additional Jurisdiction(s).

Payment Details

- EFT Payment FPA Australia BSB No. 033 083, Account No. 332 932
- Cheque Payable to FPA Australia
- Visa MasterCard AMEX

Card No. ____/____/____/____ Exp Date ____/____ Total Amount: \$_____

Name on card _____ Signature _____

Note: A tax receipt will be sent as confirmation of your application.

Declaration by Applicant

I, the abovementioned practitioner, hereby declare that the particulars contained in this application, both in this and the preceding pages, and also in any other documents provided with this application are true and correct in every particular.

Furthermore I declare that (please tick boxes):

- I am the author of the bushfire assessment reports / statements submitted with this application.
- I have read and understood all of the requirements and conditions of the most current version of the Bushfire Planning and Design Accreditation (BPAD) Scheme Handbook (<http://www.fpa.com.au/bpad/apply.aspx>) for the jurisdiction/s for which I am applying and will comply fully with all of the requirements of the Handbook as amended.
- I understand and will abide by the Conditions of Accreditation specified in the most current version of the BPAD Scheme Handbook and will accept the decisions of FPA Australia or a representative of FPA Australia.
- I consent to the release to FPA Australia of any report, documentation or communication that is held by any government body, client or authority having jurisdiction that was prepared, written or approved by me in relation to any services covered by the BPAD Accreditation Scheme.
- I hold the required level of insurance in my name OR my insurance cover is provided by the business that employs or engages me.
- I agree to abide by the most current version of the FPA Australia Code of Professional Conduct (<http://www.fpa.com.au/bpad/code-of-professional-conduct.aspx>) during my accreditation period as a BPAD Accredited Practitioner.

Name _____

Signature _____ Date / / _____

Send this form, documentary evidence, photograph and payment of application fee to:

FPA Australia

BPAD Accreditation Scheme

PO Box 1049

BOX HILL VIC 3128

OR

Email: bpad@fpa.com.au