



BPAD Category

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

Note: Level 1 available in VIC only.

BPAD Jurisdiction

- NSW
 VIC
 VIC

Note: Select only one jurisdiction. A separate application must be made for each jurisdiction. Go to <http://www.fpa.com.au/bpad/forms.aspx> to obtain an application form.

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 _____

Practitioner Employment Details – Current Position

Position title _____ Start Date ____ / ____ / ____

Job Functions _____

Name of business _____

Principal activities of business _____

Payment Details

- EFT Payment FPA Australia BSB No. 033-083, Account No. 33-2932
- Cheque Payable to FPA Australia
- VISA MasterCard AMEX

Card No. ____/____/____/____ Exp Date ____/____ Total Amount: _\$220.00

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 page, 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 have read and understood all of the requirements and conditions of the most current version of the Bushfire Planning and Design Accreditation Scheme Handbook (<http://www.fpaa.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 Bushfire Planning and Design Accreditation Scheme Handbook and will accept the decisions of FPA Australia or a representative of FPA Australia.
- I agree to abide by the most current version of the FPA Australia Code of Professional Conduct (<http://www.fpaa.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 (if requested), and payment of application fee to:

FPA Australia
BPAD Accreditation Scheme
PO Box 1049
BOX HILL VIC 3128
Email: bpad@fpaa.com.au