



**BPAD Category**

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

**BPAD Jurisdiction**

- WA
  VIC

Note: Select only one jurisdiction. A separate application must be made for each jurisdiction. Go to <http://www.fpaa.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: \_\$440.00

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.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 Bushfire Planning and Design Accreditation 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 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 (if requested), and payment of application fee to:

**FPA Australia**  
BPAD Accreditation Scheme  
PO Box 1049  
BOX HILL VIC 3128  
**OR**  
Email: [bpad@fpa.com.au](mailto:bpad@fpa.com.au)