



BPAD Category

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

Practitioner Personal Details

Title _____ First Name _____ Last Name _____

Mailing address _____

Suburb _____ State _____ Postcode _____

Phone _____ Mobile _____

Fax _____

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 an Accredited Practitioner

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 _____

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.

Provide a response to the following questions

Note: You may attach a separate document with your answers.

Question 1: Outline your key roles and responsibilities as an Accredited Practitioner in respect of the regulatory framework governing bushfire planning and design, the requirements of your client and any other stakeholders and the vision and mission of FPA Australia.

Question 2: What is your understanding of anti-competitive behaviour specific to BPAD services? Provide an example of anti-competitive behaviour.

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:
 - A minimum of two Bushfire Assessment reports. Reports are to be provided in both electronic and hard copy format.
 - Evidence of your relevant qualifications appropriate to the category of accreditation requested.
 - 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 application fee[‡].

Payment Details

EFT Payment FPA Australia / BSB No. 033-083 / Account No. 33-2932

VISA MasterCard Amex

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

Name on card _____ Signature _____

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

[‡]*Please do not send payment for the Annual Accreditation Fee at this time. The Annual Accreditation Fee is not due until the applicant has successfully completed the Peer Review process.*

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 (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 Scheme Handbook 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 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 FPA Australia Code of Professional Conduct when working as an Accredited Practitioner.

Signature _____

Date ____ / ____ / ____

Email this form, documentary evidence, photograph and payment of accreditation fees to bpad@fpaa.com.au