

Please complete in pen using BLOCK letters. Print 'X' to mark boxes where applicable.

SECTION 1 - APPLICANT INFORMATION

Surname												Mr	Mrs	Ms	Miss	Other
First name												Other name				
Postal Address																
Suburb												State			Postcode	
City								Country								
Telephone (BH)					Facsimile				Mobile							
Email								Membership number (if known)								
Organisation								Job title/occupation								

SECTION 2 - EVENT INFORMATION

Event 1

Type of event	Training title/topic	Event completion date				
Accreditation provider <i>(eg. AICD, ASFA, FPA etc)</i>	Who conducted the training?	Accreditation no. <i>(if applicable)</i>	CPD Points <i>(if applicable)</i>	CPD Hours accredited <i>(mandatory)</i>		

Event 2

Type of event	Training title/topic	Event completion date				
Accreditation provider <i>(eg. AICD, ASFA, FPA etc)</i>	Who conducted the training?	Accreditation no. <i>(if applicable)</i>	CPD Points <i>(if applicable)</i>	CPD Hours accredited <i>(mandatory)</i>		

Event 3

Type of event	Training title/topic	Event completion date				
Accreditation provider <i>(eg. AICD, ASFA, FPA etc)</i>	Who conducted the training?	Accreditation no. <i>(if applicable)</i>	CPD Points <i>(if applicable)</i>	CPD Hours accredited <i>(mandatory)</i>		

Please complete in pen using BLOCK letters. Print 'X' to mark boxes where applicable.

SECTION 3 - KNOWLEDGE AREAS

Please indicate the knowledge areas which were covered in this program

- | | | |
|---|--|---|
| <input type="checkbox"/> Generic knowledge | <input type="checkbox"/> Insurance broking | <input type="checkbox"/> Retirement income streams |
| <input type="checkbox"/> Securities | <input type="checkbox"/> First home saver accounts | <input type="checkbox"/> General insurance |
| <input type="checkbox"/> Managed investments | <input type="checkbox"/> Financial planning | <input type="checkbox"/> Deposit products and non-cash facilities |
| <input type="checkbox"/> Superannuation | <input type="checkbox"/> Derivatives | <input type="checkbox"/> Corporate and/or trustee governance |
| <input type="checkbox"/> Life insurance | <input type="checkbox"/> Foreign exchange | |
| <input type="checkbox"/> Other (Please provide details) | | |

SECTION 4 - SUBMISSION OF EVIDENCE

Evidence must be provided that an employee has completed the event(s) registered.
For more information, refer to rule 3.4 of the Rules of the AIST Accreditation Program available from www.aist.asn.au.

Class 1 evidence of attendance includes the following:

- » Certificates of completion
- » Certificates of attendance
- » Statements of results
- » Annual statements of CPD from professional associations

Class 2 evidence of attendance includes the following, and should be received with additional class 2 evidence

- Copy of paid tax invoice/statement covering training attended
- Copy of advertising flyer/email of training attended

Evidence should include the following information:

1. Type of event, for example, seminar, workshop, course, online module etc
2. Name of the event
3. Date of the event
4. Type of event
5. Name of the entity who provided the event
6. Name of the entity who accredited the event for CPD purposes, normally a professional association
7. Number of CPD points accredited to the event by the accrediting entity (optional)
8. Accreditation number (optional)
9. Time accredited to the event for CPD purposes (in hours)
10. Approximately what was covered in the event - please refer to SECTION 3 of this form for more information

SECTION 5 - APPLICANT DECLARATION

1. I would like to add the following training to my CPD register.
2. I declare that the information provided is correct and confirm that I did attend/complete the program/s mentioned above.
3. I understand that AIST may at any time ask for additional information regarding the details of the training attended.
4. I understand that AIST may at any time request copies of evidence of attendance or completion of training details provided in this form.
5. I understand that AIST may choose to decline my request to have this training added to my CPD register

Signature:

Date: