

Application Fee	\$250.00 + GST payable upon lodgement of application form to SCA. <i>Tax invoice will be issued</i>
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Section A: Applicant Details

First Name:	Surname:
Email:	Telephone:
Postal Address:	
Suburb:	Postcode:
Membership State:	Membership Commenced:

Current Employer Details

Company:	
First Name:	Surname:
Email:	Telephone:

Previous Employer Details

Only required if applicant has been with their current employer for less than 3 years.

Company:	
First Name:	Surname:
Email:	Telephone:

Section B: Application Type

First-time Applicants (not already Accredited)

The following documents must be submitted with your Application (*please tick*):

Attached - A100 Course Certificate of Completion

Attached - Police Clearance (not older than 3 months)

Attached - Professional Indemnity Insurance Certificate of Currency

Existing Accredited Members (applying for new level)

The following documents must be submitted with your Application (*please tick*):

Attached - Statutory Declaration of criminal history

Attached - Professional Indemnity Insurance Certificate of Currency

Section C: Application Level

Please tick the level of Accreditation that you are applying for.

Level 1 – ASCM <i>See Section C.1</i>	Level 2 – CSCM <i>See Section C.2</i>	Level 3 – PSCM <i>See Section C.3</i>	Level 4 – FSCM <i>See Section C.4</i>
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Section C Cont'd: Application Level
Section C.1: Level 1- Accredited Strata Community Manager
Relevant Academic Qualification (please tick)
<p>Attached - Certificate III in Strata Community Management OR Attached - Certificate of an equivalent qualification</p>
Section C.2: Level 2- Certified Strata Community Manager
Relevant Academic Qualification (please tick)
<p>Attached - Certificate IV in Strata Community Management OR Attached - Certificate of an equivalent qualification</p>
Section C.3: Level 3- Practicing Strata Community Manager
Relevant Academic Qualification (please tick)
<p>Attached - Diploma in Strata Community Management OR Attached - Diploma of an equivalent qualification</p>
Section C.4: Level 4 - Fellow Strata Community Manager
<p>Eligibility: Must be an existing Life Member or Practising Strata Community Manager and meet the criteria of at least one of the following three options. Please complete the option relevant to you.</p>
OPTION 1: Relevant Experience
<p>Relevant Experience (please tick): <i>Minimum of 15 years of membership plus extensive record of service to industry e.g. through board and/or committee participation and involvement and dedication in training and mentoring.</i></p> <p>Attached – Summary of experience</p>
OPTION 2: Relevant Experience & Academic Qualification
<p>Relevant Experience (please tick): <i>Minimum of 12 years of membership and min of 10 years' experience in managing strata communities.</i></p> <p>Attached – Summary of experience</p>
Relevant Academic Qualification (please tick)
<p>Attached – Completion of Post Graduate qualification or Masters degree in an industry related discipline</p>
OPTION 3: Life Membership
Existing Life Member of SCA (please tick)
<p>Attached – Certificate of Life Membership</p>

Applicants for Level 1, 2 and 3 must complete this section in date order and in accordance with the following requirements:

Level 2 – CSCM: 12 CPD Points in each 12 month period over a total period of 24 months
(24 CPD Points in total)

[illegible]

Section E: Professional Indemnity Insurance Details

Insurer			
Policy No.		Expiry Date	
Sum Insured (Min. \$1mio)			
Attached – copy of Certificate of Currency			

Section F: Applicant's Declaration

I certify that:

- a) I declare all information so provided is a true and accurate;*
- b) I have not been convicted in Australia or elsewhere for any offence involving an element of fraud or dishonesty;*
- c) I have never been expelled from any professional or industry body;*
- d) I have not had a professional complaint to SCA against me upheld in the last five years;*
- e) I give my consent for the National and/or State Disciplinary Committees to review any complaint upheld against me;*
- f) I agree to abide by SCA Ltd Code of Conduct.*

Applicant's Signature:	Date:
Employers Signature:	Date:
<i>Or where applicant is self-employed, sole trader or employee of non-member company, signed by another member or state board member in support of the application.</i>	
Signature:	Date:
Full Name:	Company Name:

OFFICE USE ONLY

Application received by SCA Ltd	Date:
Tax Invoice for Application Fee sent to applicant	Date:
Payment of Application Fee received	Date:
Application with confirmation of Application Fee sent to National Professional Standards Board Advisory Group for review and processing	Date:
Endorsement received by SCA State office/Chapter Executive	Date:
SCA Accreditation Register updated with status of Level	Date:
Certificate & Congratulatory Letter sent by SCA State/Chapter/Territory office	Date:
Renewal for Accreditation due by	Date: