



AUSTRALASIAN INSTITUTE OF CHARTERED LOSS ADJUSTERS

A.B.N 18 074 804 167

APPLICATION FOR MEMBERSHIP

Return completed form by
post or fax to:

Administrative Officer
Australasian Institute of Chartered Loss Adjusters
GPO Box 1705
Brisbane Qld 4001

Fax: 61-7-3221 7267
Email: adminoffice@aicla.org

1. PERSONAL DATA

Title (please tick)

Mr Ms Mrs Miss Other:

Family Name

First Names

Private Address

Postcode

Telephone (Private)

()

Date of Birth

/ /

Preferred Name for
Membership Certificates

If accepted for membership I authorise the listing of my name, employer and contact
details on the AICLA website (www.aicla.org):

Yes

No

The AICLA Annual Report to members can now be distributed electronically. If you wish to receive the Annual
Report electronically rather than by mail, please tick the box:

Please indicate by ticking the box if you wish to be included on a Catastrophe Response Register. In doing
so, your contact details may be made available to insurers and major loss adjusting firms who are seeking
the services of loss adjusters following a catastrophe

2. EMPLOYMENT DATA

Company Name

Position / Title

Postal Address

Postcode

State

Country

Telephone (Business)

()

Fax

()

Mobile

Email address (Business)

Date Employment Commenced

/ /

3. PREVIOUS EMPLOYMENT DATA

If less than 5 years with this employer specify details of previous employment over a 5 year period.

Employer Name/s	Period of Employment	Position held
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>

4. EDUCATION AND PROFESSIONAL QUALIFICATIONS (Please specify details)

Please forward copies of education and professional qualification certificates with this application.

UNIVERSITY QUALIFICATIONS (if any)

Name of institution	Year	Qualifications
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRADE/TECHNICAL QUALIFICATIONS (if any)

Name of institution	Year	Qualifications
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PROFESSIONAL BODIES MEMBERSHIP (if any)

Name of institution	Year	Qualifications / Level of Membership
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you previously been a member of AICLA? Yes No Period / to /

5. OTHER DATA

- i) Have you been convicted in the past 10 years of an offence involving a criminal charge, or is there any charge pending? Yes No
- ii) Are you or have you ever been a debtor in any Sequestration Order, Deed of Assignment, Composition, or Deed of Arrangement, under the provisions of the Bankruptcy Act? Yes No
- iii) Are you or have you ever been a Director of a Company to which a Receiver, a Provisional Liquidator, a Liquidator, a Scheme Manager, or an Official Manager has been appointed while you were a Director, or within six months after you ceased to be a Director? Yes No
- iv) Have you ever been refused membership of a statutory, professional or other body? Yes No
- v) Have you ever been subject to disciplinary proceedings by a statutory, professional or other body in respect of your professional capacity? Yes No

6. BUSINESS INTERESTS

- i) Please supply full details of any interests, directly or indirectly, that **you and/or your spouse/partner and/or your business partner/directors** have in any other professional, commercial or trade practice or business as a principal, director, partner, employee, agent or shareholder other than in a listed public company. (Including building and cleaning contractors, furnishers, motor vehicle repairers.)

Specify Details _____

7. AREAS OF PRACTICE

Please indicate your fields of practice as a loss adjuster and the approximate percentage of your time spent in each of those fields of practice (on average):

<input type="checkbox"/> AV	Aviation	<input type="text"/> %	<input type="checkbox"/> LI	Liability (public & products)	<input type="text"/> %
<input type="checkbox"/> BU	Burglary	<input type="text"/> %	<input type="checkbox"/> LW	Liability (w comp & comn law)	<input type="text"/> %
<input type="checkbox"/> CR	Construction risks	<input type="text"/> %	<input type="checkbox"/> MI	Marine/inland transit	<input type="text"/> %
<input type="checkbox"/> EN	Engineering	<input type="text"/> %	<input type="checkbox"/> MO	Marine (ocean)	<input type="text"/> %
<input type="checkbox"/> FG	Fidelity guarantee	<input type="text"/> %	<input type="checkbox"/> ML	Motor vehicle (liability)	<input type="text"/> %
<input type="checkbox"/> FB	Fire/business interruption	<input type="text"/> %	<input type="checkbox"/> MD	Motor vehicle (material damage)	<input type="text"/> %
<input type="checkbox"/> FM	Fire/material damage	<input type="text"/> %	<input type="checkbox"/> Other	_____	<input type="text"/> %

8. CHARACTER TESTIMONIALS

- i) **Character Testimonial: (AICLA Associate or Fellow to complete)**

The applicant has been favourably known to me for _____ and I support this application.

Family Name

First Names

Company Name

Email Address

Signature

Date

dd / mm / yyyy

- ii) **Additional Character Testimonial**

(AICLA ANZIIF MII CILA CII or Other _____ Associate or Fellow)

The applicant has been favourably known to me for _____ and I support this application.

Family Name

First Names

Company Name

Email Address

Signature

Date

dd / mm / yyyy

9. APPLICANT DECLARATION

- i) I, the named applicant, do hereby apply for membership of the Australasian Institute of Chartered Loss Adjusters. I agree that if admitted I will be governed by the **Constitution, Rules and Charter of Objects and Professional Conduct** of the Australasian Institute of Chartered Loss Adjusters as they are now formed or as they may thereafter be altered, so long as my connection with the Institute continues. I agree to promote the objects of the Institute so far as shall be in my power. In the event of the severance of my connection with the Institute, I will return any certificate(s) of membership to the Institute.
- ii) I am primarily engaged in the vocation of loss adjusting.
- iii) I agree to comply with the requirements of continuing professional development outlined at www.aicla.org.
- iv) I have read and understood the Institute's Privacy Policy available at www.aicla.org and consent to the Institute's collection of personal and sensitive information supplied by me now and in the future.
- v) I have successfully completed (or agree to complete within 6 months of joining) the Institute's entrance examination criteria, being **Module FSA501 – Introduction to Loss Adjusting** from the Australian and New Zealand Institute of Insurance and Finance (ANZIIF) Diploma in Financial Services (Loss Adjusting).
- vi) I agree to complete the 4 module Certificate in Loss Adjusting Practice within 3 years of joining AICLA (or meet the licensing/registration conditions in the country of practice) or such other qualification the standard of which the Board of Directors is satisfied is not less than the foregoing requirements.

Further, I have taken reasonable steps to let my employer, spouse/partner and other third parties know that I have supplied their personal information to the Institute and that the Institute's Privacy Statement is available at www.aicla.org.

Signature

Date

PLEASE ENSURE THE FOLLOWING ITEMS ACCOMPANY THIS APPLICATION:

Evidence of completion of FSA501 - Introduction to Loss Adjusting or evidence of enrolment in FSA501.

Evidence of academic, professional and trade qualifications (if applicable).

Application fee Australia AUD \$110 (incl. GST); New Zealand NZD \$110; other Countries AUD \$100.
Cheques are to be made payable to AICLA, or complete the following authorisation:

Mastercard Visa Bankcard Amex Diners Club

Cardholder's Name

Date

Card Number

Expiry Date

Amount

\$

Signature

DIVISION USE ONLY

Approved

Declined

Signed by Division Chairman

Date

Forward to Administrative Officer

ADMINISTRATION OFFICE USE ONLY

Date Received

Application fee bkd

Letter of acceptance/decline

Level of membership