



Collaborative Professionals NSW

Collaborative Professionals NSW

- Print this Application Form.
- Complete and sign the Application Form.
- Have your completed form signed and by a nominator and seconder who are each members of the Collaborative Professionals NSW.
- Post the completed application form with the annual membership fee of \$150 (\$250 for Community Organisations) to:

Collaborative Professionals (NSW) Inc.
GPO Box 2056 Sydney NSW 2001

Your Contact Details – the information provided will be included on the website

Family Name: _____

Given Name: _____

Email: _____

Website: _____

Firm Name: _____

Telephone Number: _____

Address: _____

Post Code: _____

Professional Field and Qualifications

Please select your Professional field:

Legal – I hold a current practising Certificate as a legal practitioner

Financial- I am a Certified Financial Planner

Certified Public Accountant

Chartered Accountant

Communication- I hold a tertiary qualification in Psychiatry

Psychology

Counselling

Social Work

Family Dispute Resolution Practitioner-
I am a FDRP registered under the Family Law Act Regulations

Other
Please provide evidence of your professional qualifications:

Community Organisation

I am applying on behalf of a Community Organisation:

Collaborative Law Training

Training Type: _____

Date Completed: _____

Name of Trainer: _____

Hours Completed: _____

Confirmation

I _____
(full name of applicant)

Of _____
(address)

I declare that I satisfy the professional requirements for membership in my professional field.

I declare that I hold appropriate professional indemnity insurance to undertake work as a collaborative professional.

(Signature of applicant)

(Date)

Nomination by a Member of Collaborative Professional NSW

I _____
(full name)

a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

(Signature of the proposer)

(Date)

Seconding the nomination by a Member of Collaborative Professionals NSW

I _____
(full name)

a member of the association, second the nomination of the applicant, who is personally known to me, for membership of the association.

(Signature of the seconder)

(Date)