

APPLICATION FOR SCA ACCREDITATION

Application fee - \$250 payable upon confirmation of completed form received by SCA (Tax invoice will be issued)

SECTION A- Personal details

| | | |
|---|----------------|---------------|
| Applicant's Name | | |
| SCA Membership Number | State: | Member since: |
| Address | | |
| | Suburb: | |
| | Postcode: | |
| | State: | |
| Phone | | |
| Email | | |
| EMPLOYER DETAILS | | |
| Employer's Name | | |
| Employer's Address | | |
| Contact details | Phone No: | |
| | Email Address: | |
| Previous Employer's Name & Contact Details (if less than 3 years with current) | | |
| | Phone No: | |
| | Email Address: | |

SECTION B – APPLICATION LEVEL

This is your first application? YES / NO – circle where appropriate

If **YES** - the following documents will need to be submitted

- Police Clearance – not older than 3 months
- Professional Indemnity Insurance – Certificate of Currency

Are you already accredited and applying for another level? YES / NO – circle where appropriate

If **YES** – the following documents will need to be submitted

- Statutory Declaration of criminal history
- Professional Indemnity Insurance – Certificate of Currency

Application Level – Please select

Level 1 - ASCM

Level 2 - CSCM

Level 3 - PSCM

Level 4 - FSCM

Please complete the relevant section below for your level of application.

Accreditation under Level 1 – Accredited Strata Community Manager

Relevant Academic Qualifications

| | |
|--|---|
| A100 Course | <input type="checkbox"/> Completed – Certificate attached |
| Completion of Certificate III in Strata Community Management – or approved equivalent | <input type="checkbox"/> Completed – Certificate attached |

and **minimum of 24 CPD points accumulations over last 2 years**
(Minimum of 12 points per annum)

| Activity | Date of Activity | Points |
|-----------------|-------------------------|---------------|
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Accreditation under Level 2 – Certified Strata Community Manager

Relevant Academic Qualifications

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|---|---|
| A100 Course | <input type="checkbox"/> Completed – Certificate attached |
| Certificate IV in Strata Community Management or approved equivalent | <input type="checkbox"/> Completed – Certificate attached |

and

Minimum of 24 CPD points accumulations over last 2 years

(Minimum of 12 points per annum)

| Activity | Date of Activity | Points |
|-----------------|-------------------------|---------------|
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Accreditation under Level 3 – Practising Strata Community Manager

Relevant Academic Qualifications

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| A100 Course | <input type="checkbox"/> Completed – Certificate attached |
| Diploma in Strata Management or approved equivalent | <input type="checkbox"/> Completed – Certificate attached |

and

Minimum of 24 CPD points accumulations over last 2 years

| Activity | Date of Activity | Points |
|-----------------|-------------------------|---------------|
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Accreditation under Level 4 – Fellow Strata Community Manager (for existing Life Members and Practising Strata Community Managers - PSCM)

Relevant Experience (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)

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OR

Relevant Academic Qualifications

| | |
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| Post Graduate qualification or Master degree in an industry related discipline | <input type="checkbox"/> Completed – Certificate attached |
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AND

Relevant Experience (Minimum of 12 years of membership and min of 10 years’ experience in managing Strata Communities)

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OR

Existing Live Members of SCA

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| Existing Life Membership of SCA | <input type="checkbox"/> Certificate attached |
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SECTION C – PROFESSIONAL INDEMNITY INSURANCE DETAILS

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|----------------------------------|---|
| Insurer | |
| Policy No. | |
| Sum Insured (min. \$1mio) | |
| Expiry Date | |
| | <i>Attach Copy of Certificate of Currency</i> |

SECTION D – APPLICANT’S DECLARATION

I certify that:

- a) *I declare that all information so provided are a true and accurate record;*
- 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: |
|-------------------------------|-------|

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|---|-------|
| Employer’s Signature: | Date: |
| Or where applicant is self-employed, sole trader or employee of non-member company – | |
| Signed by another member company or state board member supporting the application: | |
| Signature: | Date: |

Office use only:

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