



AUSTRALASIAN INSTITUTE OF CHARTERED LOSS ADJUSTERS

ABN 18 074 804 167

APPLICATION FOR MEMBERSHIP

Return completed form to:

Chief Executive
Australasian Institute of Chartered Loss Adjusters
Email: adminoffice@aicla.org

GPO Box 1705
Brisbane Qld 4001
Australia

1. PERSONAL DATA

Title Mr Ms Mrs Miss Other: _____

Family Name

First Names

Private Address

Postcode

Private Email

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 is now distributed electronically.

2. EMPLOYMENT DATA

Company Name

Position / Title

Business Postal Address

Postcode

State Country

Telephone (Business) () Mobile ()

Email address (Business)

Date Employment Commenced / /

3. PREVIOUS EMPLOYMENT DATA

1) 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"/>

2) Previous history of employment as a Loss Adjuster (if not shown above).

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"/>

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. 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 or have previously been 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 **Unit LA30001 – Introduction to Loss Adjusting** from the Australian and New Zealand Institute of Insurance and Finance (ANZIIF) Diploma of Loss Adjusting.
- vi) I agree to complete the 5 unit 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 LA30001 - Introduction to Loss Adjusting or evidence of enrolment in LA30001.
- Evidence of academic, professional and trade qualifications (if applicable).
- Evidence that application fee has been paid.



MEMBERSHIP APPLICATION FEE TAX INVOICE

Australasian Institute of Chartered Loss Adjusters

ABN: 18 074 804 167

- Application Fee Australia – AUD\$110 inc. GST
- Application Fee Other Countries – AUD \$100

For payment by credit card visit <https://aicla.org/pay-an-invoice/>

Or contact the AILCA Office for bank account details – adminoffice@aicla.org

Applicant's Name

Date

Please retain a copy of this tax invoice for your records.



**Australasian Institute of
Chartered Loss Adjusters**

ABN: 18 074 804 167

Chief Executive:
Tony Libke
GPO Box 1705, Brisbane Qld
Australia 4001

Registered office:
2nd Floor
190 Edward Street, Brisbane Qld
Australia 4000

Phone: +61 7 3229 6663
Fax: +61 7 3221 7267
Email: adminoffice@aicla.org
www.aicla.org