



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. CHARACTER TESTIMONIALS

i) **Character Testimonial:** AICLA Associate or Fellow (please tick)

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

Family Name

First Names

Company Name

Email Address

Signature Date / /

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 / /

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 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 **Module LA501 – 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 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 LA501 - Introduction to Loss Adjusting or evidence of enrolment in LA501.

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

Cardholder's Name

Date

Card Number

Expiry Date

Amount

\$

Signature

Email address for copy of Bank Acknowledgement

DIVISION USE ONLY

Approved

Declined

Signed by Division Chair

Date

Forward to Chief Executive

Administration Office USE ONLY

Date Received

Application fee bkd

Letter of acceptance/decline

Level of membership

