

## MAA-20 HOUR CPD PROGRAMME APPROVAL FORM





**ICMA MAA CPD Approval Form** Please complete this form using a typewriter or write your responses in BLACK ink using BLOCK CAPITAL LETTERS. If there is insufficient space continue on a separate sheet if necessary. Do not send any original documents with this form. The Institute will retain all materials sent with this form. Also, please note this form is to be used only by Management Accounting Affiliates of the Institute, and therefore no fees are charged in the approval process.

**Part 1 PERSONAL INFORMATION**

Current membership/certificate number \_\_\_\_\_ First year of membership \_\_\_\_\_  
 Title: (Dr/Mr/Mrs/Ms/Miss/Other) \_\_\_\_\_ Preferred Name(s) \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_  
 Last Name(s) \_\_\_\_\_  
 Date of Birth (dd/mm/yy) \_\_\_\_\_ Sex [ ] Male [ ] Female

**Part 2 CONTACT DETAILS**

Mailing Address - This is my [ ] Home [ ] Business  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Suburb \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Postcode \_\_\_\_\_ Country \_\_\_\_\_  
 Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Part 3 PRESENT OR MOST RECENT EMPLOYMENT**

Employer's Name \_\_\_\_\_ Date of Appointment \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 Post Held/Current Occupation/Situation \_\_\_\_\_  
 Brief Outline of Duties and Responsibilities \_\_\_\_\_  
 \_\_\_\_\_

Important - You must provide your Curriculum Vitae detailing information of the management accounting experience that you think will be of significance to your application, eg. work in reporting to management; financial management; information systems; financial modelling; internal auditing; pricing; logistics; cost analysis etc. (These must be detailed in attached Curriculum Vitae)

**Part 4 CONTINUING PROFESSIONAL DEVELOPMENT (CPD) APPROVAL SOUGHT FOR:**

To be completed by all MAA members who have undertaken a 20-hour CPD program

Name of CPD Program	Organising body	Duration (dates)	CPD Hours Claimed
e.g. MYOB Primer	e.g. AIFM-ICMA	e.g. 12-13 Dec 20XX	24 hours
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE**

Please provide proof of attendance like certificates/awards issues by the organizing body  
 Please provide photocopies of content of courses attended

**Part 5 ACCEPTANCE OF RULES**

I \_\_\_\_\_(name) declare that the above information provided is true and correct. I also agree to be bound by the Rules of the Institute of Certified Management Accountants.  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**For Official Purposes Only (Applicants do not complete)**

[ ] Application Received On: [ ] Membership Consideration On:  
 [ ] Approved- [ ] Not Approved- Reason:  
 [ ] Applicant Informed of Decision On:

Emailed and Faxed applications ARE NOT ACCEPTABLE and they will be ignored

Mail all applications to:  
 The Executive Director,  
 The Institute of Certified Management Accountants  
 CMA House,  
 Unit 5, 20 Duerdin Street,  
 Clayton North, Victoria 3168  
 AUSTRALIA.

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