

# APPLICATION FOR MEMBERSHIP AS PUBLIC BAS PRACTITIONER

Australian Residents Only

This application is for Registered BAS Agents seeking admission to the IPA as Public BAS Practitioner Associate members.



**IPA** INSTITUTE OF PUBLIC ACCOUNTANTS

Please complete this address panel using BLOCK LETTERS

## Personal Details

Mr  Mrs  Miss  Ms  Other, please state \_\_\_\_\_

Given name \_\_\_\_\_

Family name/Surname \_\_\_\_\_

Preferred name \_\_\_\_\_

Gender  Male  Female

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please write your full name as you would like it to appear on your certificate (e.g. JOHN DAVID SMITH) \_\_\_\_\_  
(If left blank we will use your formal name)

## Contact Details

Preferred mailing address \_\_\_\_\_

Suburb/Town/City \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Please indicate if this address is  Residential or  Business

Please indicate where we can contact you during business hours:

Telephone  Mobile \_\_\_\_\_  Business \_\_\_\_\_  Home \_\_\_\_\_

Preferred email address \_\_\_\_\_

Alternative email address \_\_\_\_\_

## Qualifications and Experience

BAS Agent Registration no. \_\_\_\_\_ Expiry date \_\_\_\_\_

### Qualifications

Please include both fully and partially completed relevant qualifications

QUALIFICATION	EDUCATION DELIVERY	DATE COMPLETED*
eg. ADVANCED DIPLOMA OF ACCOUNTING	ONLINE	22 / 10 / 07
eg. CERTIFICATE IV ACCOUNTING	ATTENDED COLLEGE	31 / 10 / 12
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___

\*The date when all requirements were completed and you became eligible to receive the award.

### Supporting Documents

We may request certified true copies of award certificates and transcripts of results for academic qualifications.

## Relevant Experience

Please provide an estimate of your experience hours gained over the last 3 years as a self employed BAS agent; in employment or working under the direction of a BAS/Tax agent

SCOPE OF EXPERIENCE	ESTIMATED	PERIOD
eg. BK: PREPARATION OF ACCOUNTS AND LODGEMENT OF BAS	780 HOURS	156 WEEKS
eg. BK: PREPARATION OF ACCOUNTS AND LODGEMENT OF BAS/PAYROLL	308 HOURS	36 WEEKS
_____	_____	_____
_____	_____	_____

You may wish to attach a brief resumé of your experience to assist us in assessing your experience and advising pathways for advancement.

Current Accumulated CPE Hours\* \_\_\_\_\_

\*This question is optional

FOR MEM-072 V2\_SEPT13

## Contact Details

Freecall (from within Australia): 1800 625 625. Please direct all enquiries regarding this application to your Divisional Office as listed below:

ACT/NSW: Locked Bag A6090, Sydney South NSW 1235 QLD: GPO Box 2578, Brisbane QLD 4001 SA/NT: PO Box 3056 Rundle Mall, Adelaide SA 5000

TAS: GPO Box 244, Hobart TAS 7001 VIC: GPO Box 1637, Melbourne VIC 3001 WA: Locked Bag 9, South Perth WA 6951

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## Professional Services

Please indicate the services you offer to the public:

- BAS agent services prescribed by the Tax Agent Services Act 2009 or the Tax Practitioners Board from time to time or other service I have indicated on this application
- Payroll  Software customisation and training
- Bookkeeping  Other (provide details \_\_\_\_\_)

Your business entity:

Business name \_\_\_\_\_

ABN \_\_\_\_\_

Your interest in the business:

- Sole trader  Partner  Director  Shareholder  Other (provide details \_\_\_\_\_)

Please provide details of your current professional indemnity insurance:

Insurer \_\_\_\_\_ Policy no. \_\_\_\_\_ Cover end date \_\_\_\_\_

- Certificate of Currency and Schedule (either individual or practice entity policy) attached (required before Public BAS Practitioner certificate can be issued)
- I need to arrange professional indemnity insurance with this application: please authorise the IPA's preferred insurance provider to contact me.

## Find a BAS Practitioner Listing

I would like my business details listed in the Find a BAS Practitioner area of the IPA website ([publicaccountants.org.au](http://publicaccountants.org.au)) and I permit the IPA to disclose my business details in response to any phone or email enquiries from the public seeking a Public BAS Practitioner.

- YES (provide details and sign declaration below)  NO

**Business details to be listed**

Member name and business name (as above)

Business address \_\_\_\_\_

Business phone \_\_\_\_\_ Business website \_\_\_\_\_

Business email \_\_\_\_\_

Languages spoken \_\_\_\_\_

Description of services your business provides (Max 256 characters) \_\_\_\_\_

Note: You may change your listing at any time by contacting your local IPA Divisional Office on 1800 625 625.

## Declaration

I hereby authorise the IPA to provide the details I have supplied to the public seeking a Public BAS Practitioner. I understand that the IPA takes no responsibility for members of the public to whom my details are provided.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Additional Details

- Have you ever been declared bankrupt or insolvent?  No  Yes
- Have you ever had any criminal convictions within or outside Australia?  No  Yes
- Have you ever been refused admission to the IPA or any other professional body?  No  Yes
- Have you been the subject of an unfavourable decision by a professional body and/or a regulator?  No  Yes
- If you answered yes to any question(s) please provide details on a separate page.*

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