



CPREA™ ACCREDITATION APPLICATION FORM

WELCOME TO CERTIFIED PRACTISING REAL ESTATE AGENTS (CPREA™) ACCREDITATION

Please complete all sections of this Accreditation Application Form.

Please note: There is a non-refundable application fee to assess your application.

LEVEL OF CPREA™ ACCREDITATION YOU ARE SEEKING:

- CPREA™ Associate
- CPREA™ Professional – Silver
- CPREA™ Professional – Gold
- CPREA™ Professional – Platinum
- CPREA™ Fellow

SECTION A: YOUR DETAILS

Your Name and Date of Birth

Title: Mr Mrs Ms Miss Other

Given Names:

Family Name:

Date of Birth: / /
DD MM YYYY

Your Personal Contact Details

Home Street Address:

Suburb/Town: State/Territory: Postcode:

Postal Address:

Suburb/Town: State/Territory: Postcode:

Home Telephone: (.....) Mobile Phone:

Home Email Address:

continued over...

OFFICE USE ONLY

DATE RECEIVED:

DATE NOTIFICATION SENT:

APPROVED DECLINED

CPREA ACCREDITATION NO:

APPROVED BY:



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SECTION B: YOUR EMPLOYMENT DETAILS

Your Current Employment Contact Details

Employment Business Name:

Employment Principal's Name:

Employment Street Address:

Suburb/Town: State/Territory: Postcode:

Employment Postal Address:

Suburb/Town: State/Territory: Postcode:

Employment Telephone Number: (.....) Mobile Phone:

Employment Email Address:

Your Recognised Real Estate Discipline/s

Please indicate your specialised areas of Real Estate Practice/your disciplines.

Please note: For each Real Estate Discipline you nominate below, you are agreeing to and will be expected to undertake ongoing professional development (training) each year.

- Your Real Estate Disciplines:
- Agency Management
 - Property Sales – Residential
 - Property Sales – Commercial
 - Property Sales – Rural/ Stock and Station
 - Property Management – Residential
 - Commercial Leasing
 - Strata Management
 - Property Valuation
 - Property Auctions
 - Business Sales
 - Buyers Agent
 - Settlements/Conveyancing
 - Holiday Rentals/ Accommodation
 - Support/ Administration Roles

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SECTION C: YOUR PAYMENT DETAILS

Application Fee and Annual Fee

Please note: There is a non-refundable Application Fee to assess your Application.

Once approved for CPREA™ Accreditation an Annual Fee is applicable.

Please send your Application Fee and your Annual Fee with this application.

For the Annual Fee you can choose from Monthly, Quarterly and Annual payment periods.

All fees quoted are GST inclusive.

CPREA™ Accreditation Application Fee: Must be paid in full up front.	CPREA™ Associate or Professional	<input type="checkbox"/>	\$110.00	
	CPREA™ Fellow	<input type="checkbox"/>	\$55.00	
CPREA™ Accreditation Annual Fee: Include the appropriate annual fee in your total payment—choose between Monthly, Quarterly and Annual payment periods.	CPREA™ Associate or Professional	Monthly payment \$38 per month	<input type="checkbox"/>	\$38.00
		Quarterly payment \$110 per quarter	<input type="checkbox"/>	\$110.00
		Annual payment \$385 per annum	<input type="checkbox"/>	\$385.00
	CPREA™ Fellow	Monthly payment \$33 per month	<input type="checkbox"/>	\$33.00
		Quarterly payment \$90 per quarter	<input type="checkbox"/>	\$90.00
		Annual payment \$330 per annum	<input type="checkbox"/>	\$330.00
			Total payment (Application Fee plus appropriate Annual Fee): \$	

Payment method (please tick to indicate your payment method)

Paying by Credit Card:

Card type: Visa Mastercard Cardholder's name (please print):

Card number: | | | | | | | | | | | | | | | | | | | | | | Expiry date: / CSV:

Cardholder's signature:

Paying by Cheque:

Please make cheques payable to 'CPREA' and post to: CPREA Accreditation, PO Box 417, South Perth WA 6951

Please note: You will be liable for any fees incurred from a dishonoured cheque.

Your application will not be processed until your cheque has cleared into CPREA™ account.

Paying by Direct Transfer (EFT):

Only available for initial application.

Please pay to **Bank:** Bankwest Wembley **BSB:** 306 050 **Account:** 0653898

Ref: Your Family Name and Your First Given Name

Please provide a copy of your bank generated receipt.

Paying by PayPal:

If you wish to pay by PayPal please tick the box and we will contact you.

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SECTION D: YOUR DECLARATION

- I wish to apply for CPREA™ Accreditation.
- I have read and agree with the CPREA™ Privacy Policy (available on the website at www.cprea.com.au).

If applicable:

- I have made payment online and provide a copy of my receipt with this application.

I declare that:

- I understand and agree that my application will not be processed until my funds have cleared in CPREA™ bank account.
- I understand and agree that I will be held liable for any fees incurred from a dishonoured cheque.
- I understand and agree to uphold the integrity of CPREA™.
- I understand and agree to abide by the CPREA™ Code of Conduct, and that the consequence of my non-compliance will result in the cancellation of my CPREA™ Accreditation status.
- I consent to my personal information being collected, used and disclosed for the purposes outlined and as stated in the CPREA™ Privacy Policy.
- All information that I have provided is true and correct. I have not provided any information that is false or misleading, and that should there be any changes in my circumstances I will notify CPREA™ immediately.
- I understand and agree to undertake my ongoing training/professional development as required by CPREA™ (currently a minimum of 10 points per calendar year). I understand and agree that the CPREA™ ongoing training/professional development requirements may change from time to time. I agree to keep a record of my ongoing training/professional development in accordance with CPREA™ requirements.
- I understand and agree that I am not permitted to promote myself or attest to holding CPREA™ Accreditation without the expressed formal written approval and acknowledgement from CPREA™, and that should my CPREA™ Accreditation be cancelled/revoked/expired for whatever reason that I will discontinue any promotional/advertising/acknowledgement activity immediately.

Name (please print): Signature: Date: / /