



Before you complete this form, please read the following information carefully:

1. Leave of absence application is due 1 July each year and it will commence on 1 July, if approved.
2. Leave of absence is only available to current full financial members (AIPA, MIPA and FIPA) who are not working in the accounting or/and related industry temporally and is not available to student or retired members.
3. A leave of absence from membership is available for a minimum period of one year to a maximum of three years per lifetime. Leave of Absence approval and approved period will be determined by the IPA based on the provided information from you and your IPA membership history.
4. A one-off fee of AUD \$75.00 is due and payable with this application.
5. Approval of this application will result in the immediate suspension of all the benefits of membership until such time as membership is resumed. At the same time, you are not permitted to use your IPA post nominals anymore and access to the IPA website will be suspended during the approved period of leave.
6. If you hold a Professional Practice Certificate (PPC) or a Public BAS Practitioner Certificate, these certificates will also be cancelled on approval of the leave of absence. Upon reinstatement from the leave of absence, if you are in public practice, you will need to re-apply for a Certificate and meet all current entry requirements.
7. Upon approval of your leave of absence, you are required to return your membership certificates and any practising certificate (PPC or Public BAS Practitioner) you have.
8. Membership fees are not payable during the approved period of absence.
9. In calculating years of membership, approved periods of leave are not included.
10. Before your leave of absence of absence expires, we will send you a renewal notice and reinstatement e-form to complete. Once we approve your reinstatement and receive membership renewal payment, your membership will resume.
11. You will receive the outcome of this application by email.

A Your personal details

Mr Mrs Miss Ms Other, please state _____ Member ID _____

Given name _____ Middle name _____ Family name _____

Previous name (if changed) _____

Current position title _____ Company name _____

Contact details Preferred mailing address (Please indicate if this address is Residential or Business)

Address _____ Suburb/Town/City _____

State/Territory _____ Postcode _____ Country _____

Mobile _____ Email _____

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B

Request details

I wish to apply for a Leave of Absence for a period of: 1 year 2 years 3 years

Effective from 1 / July / _____

Reason for this request: Ill health Parental leave Travel

Not working in accounting or/and related industry Other: _____

Information/evidence should include:

- The period during which you expect you will not be an active IPA member
- The reason(s) for a leave of absence: please provide sufficient details
- Supporting document: Attach any supporting document to this application (e.g. medical certificate, employer statement, or/and statutory declaration).

Please indicate reason(s) for request:

Note: If more space is required, please include additional page.

C

Declaration

I declare that:

- I understand that by providing the credit/debit card details or cheque details, I am confirming that I have sufficient funds and have authorised for IPA to process all the fees relevant to this application as prescribed in Section D. I also understand that my leave of absence will not become active until the payment has been received by the IPA and I will receive a tax invoice/receipt via email upon successful payment.
- I have read and consented to IPA's Privacy Policy* regarding the collection and disclosure of the information supplied.
- **I relinquish all member benefits and rights including the use of my IPA post nominal and the IPA logo during my approved leave of absence.**
- **Whilst on leave of absence, I understand that I am still subject to the provisions of the IPA Constitution, By-laws and Pronouncements.***
- I will notify the IPA of any changes to the circumstances under which I have applied for a leave of absence.
- I will notify the IPA should I become bankrupt, be charged with any criminal offence or be the subject of an adverse finding by any professional or regulatory body.
- I understand that I must resume membership and apply for a PPC if I offer professional services to the public and my turnover exceeds the tax-free threshold or if I market my professional services to the public.
- I will resume membership upon expiry of any approved leave of absence and be responsible for outstanding fees, provided that I meet the fit and proper person requirements.

I certify that the information provided on this application form and attachments is true and correct.

Full name _____
Signature _____ Date ____ / ____ / ____

*For more information, go to www.publicaccountants.org.au

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D

Payment details

Your application must include payment of the Leave of Absence fee of AUD 75.00.

Payment authority

I have enclosed a cheque/money order payable to "Institute of Public Accountants"

OR

Please charge my AMEX MasterCard Visa

Card number _____ Expiry date ____ / ____

Cardholder name _____

Signature _____ **Date** ____ / ____ / ____

Upon payment, you will receive a Tax Invoice email.

Total amount due
\$75.00
All fees are GST inclusive

Any questions? Please contact us on 1800 625 625 (9 am – 5 pm (AEST), Monday to Friday).

How to submit your form:

Please scan and email your completed form with supporting documents to your local IPA office below.

New South Wales & Australian Capital Territory e nswdivn@publicaccountants.org.au	Queensland e glldivn@publicaccountants.org.au
South Australia & Northern Territory e sadivn@publicaccountants.org.au	Tasmania e tasdivn@publicaccountants.org.au
Victoria e vicdivn@publicaccountants.org.au	Western Australia e wadivn@publicaccountants.org.au
Overseas e overseas@publicaccountants.org.au	