ASSOCIATE
ADVISOR
ACADEMY

PROGRAM APPLICATION FORM

Two years focussing on three areas – commences February 2018

The program runs over two years, covering all aspects required for participants to successfully transition from a support role into an advisor position, focusing on three key areas:

1. Relationship mastery: Ability to build, strengthen, grow, nurture and develop trusted relationships with clients, stakeholders and referral partners. Participants will learn how to build and grow relationships, the softer skills of client servicing and demonstrate the value of advice.

2. Business acumen: Understanding the fundamentals of how a business operates, being able to analyse any situation and make logical, commercial decisions that contribute to the ongoing success of the business, its people, clients and stakeholders. Topics covered include time and activity management skills, increasing productivity while decreasing perceived effort, business risk management and pricing your advice.

3. Advice and technical competence: Ability to competently perform the role of an Associate Advisor within the structure and boundaries of the financial services landscape, including understanding the advice framework, leveraging technology and systems, and using compliance and governance to enhance your business outcomes.

To ensure this can be achieved within two years, the program involves a combination of educational, instructional, behavioural and demonstrable learnings.

Application criteria

Pre-requisites:

- Demonstrated interest and career path in financial planning
- Enrolled in/or completed DFP (units 1-4)
- Minimum 2 years experience in the industry
- Employed within the business at least 12 months
- Recognised as key talent in your current role within the business
- Able to dedicate the required time and effort to the program
- Have the support of a program Sponsor (to be nominated).

Desired:

- Completed ADFP qualification through a recognised training organisation
- A degree in Financial Services, Accounting or other business related studies. Completed or working towards the Certified Financial Planning certification (currently the highest financial planning designation worldwide).

Requirement by second year of program:

- To have completed RG146 qualifications and/or the requirements that meet industry standards (ie ASIC's minimum licensing requirements and any specific Licensee Standards requirements that allow you to obtain your Authorised Representative (AR) status).

Note: Associate Advisor Academy does not include any technical or formal education when it comes to DFS, ADFS, CFP or degrees/recognised studies.

Program fee – $5,000 pa plus GST per participant

The fee is $5,000 plus GST per participant for each year of the two-year program. This does not include any costs associated with travel or accommodation where the program is being delivered outside of your state. The first-year fee is payable in full upon confirmation of being accepted into the program. An invoice for the second year's fee will be sent at the start of the second year of the program.

Please complete these application questions for your application to be considered. The Program Leader will assess the application and will notify the Applicant and Sponsor in writing whether registration is successful. At that stage all necessary information will be provided including the program logistics, agenda with key dates and an invoice for payment for the first year's fee.

Email your application to: ghluchaniuk@pwg.com.au

For enquiries please call 1800 333 143

George Hluchaniuk
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Head of Wealth, Partners Wealth Group
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1. Intake preference

Please indicate your intake preference

- [ ] Intake 1 – Commencing February 2018
- [ ] Intake 2 – Commencing February 2019

2. Applicant contact details

Date

First name

Surname

Business name

Business address

Street

Suburb

State

Postcode

Phone number

Mobile number

Email

3. Program Sponsor nomination

Provide approval from an internal Program Sponsor within the business. This may be your reporting manager or someone within the business that will support your application and your participation in the Associate Advisor Academy program.

Sponsor first name

Surname

Business

Licensee

Current role/title

Phone number

Email

ASSOCIATE ADVISOR ACADEMY

4. Industry background and qualifications

When did you enter the financial services industry and in what role?

What is your current job title? Please give an overview of your current roles and responsibilities. Attach your position description (if possible).

Please tick the following industry specific studies you have started or completed:

☐ DFS1	☐ ADFS1	☐ CFP1
☐ DFS2	☐ ADFS2	☐ CFP2
☐ DFS3	☐ ADFS3	☐ CFP3
☐ DFS4	☐ ADFS4	☐ CFP4
		☐ CFP5

Provide details of other studies to support your application below.

Qualification

Institution | Date commenced | Date completed

Qualification

Institution | Date commenced | Date completed

5. Applicant profile

Please attach a copy of your LinkedIn profile (if applicable)

Briefly outline your employment history

Why do you want to be a financial advisor?

What do you hope to achieve from the Associate Advisor Academy program?

Do you have any questions or comments in relation to your application?

6. Competency and capability matrix

To support your application, please complete the **Self-assessment tab** on the attached **Competency and capability matrix** (separately provided).

7. Privacy policy

Partners Wealth Group respect the confidentiality of your participation in the Associate Advisor Academy, including your identity and any information we have access to throughout the program duration.

As a result Partners Wealth Group:

- Will not use any information provided by you or permit it to be used, for any purpose other than in connection with the running of the program.
- Will not induce or attempt to induce any participant, sponsor or employee to leave your business.
- Will not solicit the business of any client or associate of your participant, sponsor or your business.

8. Declaration by Applicant

By submitting this application you are providing true and correct information. You agree and acknowledge that Partners Wealth Group are able to reject or accept your application after making independent enquiries to verify information provided.

Name

Date

Signature

X

9. Declaration by Program Sponsor

You agree to support this application and the information provided to be true. You also agree to be the Program Sponsor should the applicant be successful in getting into the Associate Advisor Academy program.

Name

Date

Signature

X

Email your completed application (with Competency and capability matrix) to: ghluchaniuk @pwg.com.au