



INSTITUTE OF CERTIFIED FRANCHISE EXECUTIVES CFE ENROLMENT APPLICATION



Mail or fax to: **Franchise Council of Australia**, Level 19/567 Collins Street Melbourne Vic 3000 or send via email at education@franchise.org.au Telephone: 1300 669 030

Application Fee: FCA Member \$595.00 Non-member \$990.00

Application and Personal Data Statement. Please print or type all information.

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Postcode _____
Telephone _____ Fax _____ Email Address _____

Franchisor Supplier Franchisee Non-Member

EDUCATION.

List educational institutions attended beyond high school.

Institution _____ Degree _____ Dates _____
Institution _____ Degree _____ Dates _____

SPECIAL ACHIEVEMENTS.

List any special achievements such as: awards, publications, FCA presentations, or special franchise achievements you have received:

FCA ACTIVITY

List your involvement with the FCA:

Position/Activity _____ Committee _____
Dates: From _____ To _____ Total Years _____
Position/Activity _____ Committee _____
Dates: From _____ To _____ Total Years _____

FRANCHISE EXPERIENCE.

(500 credits maximum; 100 credits per year for work experience in the franchise sector.) *(Attach additional page if necessary.)*

Company _____ Position _____
Dates: _____ Total Years _____
Company _____ Position _____
Dates: _____ Total Years _____

PARTICIPATION. (500 credits maximum; candidates must attend at least one FCA approved event each year.) *(Attach additional page if necessary.)*

ICFE Credited Programs Attended (2,500 credits). List ICFE approved courses in these areas: Diversity, Economics, Accounting or Financing, Franchisee Recruitment and Training; Franchisor/Franchisee Relations; Franchise Regulations; Human Resource Management; Management & Operations; Marketing; Franchise Conventions; Franchising Trends; Insurance; International Franchising; Public Relations/Communications; Site Selection & territory Planning; Resource Management; Technology; other interest areas. Courses must have been taken within one year of application for enrolment to be considered. *(Attach additional page if necessary.)*

Course/Date

I certify that the information contained in this Application & Personal Data Statement for the Institute of Certified Franchise Executives (ICFE) is true and correct in all material respects. I understand that the purpose of this document is to enrol me in the Institute of Certified Franchise Executives and provide relevant information for evaluation to determine credits toward certification to which my educational and franchising experience and achievements may entitle me. I understand that filing this document does not entitle me to the CFE designation and that I must complete the prescribed curriculum of the ICFE educational program, including any prescribed and/or written examinations, in order to become eligible for certification. I hereby further certify that I adhere to the member Standards of the franchise Council of Australia.

Signature _____ Date _____

PAYMENT

VISA MasterCard American Express

Name _____ Card Number _____

Exp. Date _____ Signature _____

Card Billing Address _____