Best Practice Review Application Form

adviserlink

Compliance • Qualifications • CPD

Thank you for your interest in undertaking a Best Practice Review of your business. Adviserlink promotes best practice principles in utilising a quality advice process with clients.

Total time spent onsite at your business will be approximately three hours. Initially the Adviserlink consultant will need to spend some time with you, and then review a small number of client files selected by them. While the file review is being done, you will need to complete a self assessment questionnaire and gather some additional information. If there is information relating to clients, that is only held as computer records, one of your staff will need to be available to access those records (if required).

The key to completing the review within the designated time frame will be having the information already made available. It is particularly useful if the following documentation is compiled prior to the meeting, and if necessary photocopied.

Documents Required: *(or copies as appropriate)*

- Disclosure Document *(and practice brochure if you use one)*
- Imprint of any rubber stamps you use
- Business card and letterhead
- Any self developed promotional material
- Client Service Agreement
- Invoice *(if you issue invoices)*
- Record of CPD credits/hours
- Copy of PI insurance schedule

The cost for a Best Practice Review is $600 + GST, plus any travel and accommodation costs.
***Note** - If you cancel or seek to reschedule a review within 14 working days a cancellation and administration charge of 50% of the relevant fee will apply. If you cancel or seek to reschedule a review within 1 working day a cancellation and administration charge of 75% of the relevant fee will apply.*

Applicant's Details:

Company Name						
Your Name			Mr	Mrs	Ms	Miss
Physical Address		**Postal Address** *(if different)*				
Phone Number		**Fax Number**				
Email						

Confirmation:

I have an overall understanding of what is involved in a Best Practice Review and wish to arrange such a review for my practice.

Signature: **Date:**

Payment Details:

☐ Cheque made payable to Adviserlink Learning Limited ☐ Invoice Company ☐ Mastercard ☐ Visa

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐ / ☐☐

Total Payment:$

Name of Cardholder: **Signature:**

Office Use Only

Date Received		Invoice Number	
Initial Date Booked		Date Invoice Paid	