



Form 1

Please submit the completed form along with the \$250.00 (application fee) and relevant documentation to:

TMA Australia • PO Box H354, Australia Square, NSW 1215 • Phone: 1300 042 811 • Email: info@turnaround.org.au

Personal Information	Name:		
	Date of Birth: / /	Organisation:	
	Title:		
	Business Address:		
	City:	State:	Postcode:
	Business Tel:	Fax:	
	Email:		
	Home address:		
	City:	State:	Postcode:
	Email:		

Requirements

I hereby apply for certification as a Certified Turnaround Professional and understand that my certification depends on my ability to meet all requirements and qualifications and is subject to approval by the Standards Subcommittee. I certify that the information contained in this application is true and correct. I further understand that if any information is later determined to be false, TMA reserves the right to revoke any certification that has been granted on the basis thereof.

Indicate your understanding of, and agreement to comply with, the following by checking the boxes that precede each statement:

<input type="checkbox"/>	In making and filing this application for certification, I authorize all persons, firms and entities to furnish any relevant information that may be requested by the Turnaround Management Association in connection with the investigation of this application.
<input type="checkbox"/>	I release and indemnify the Turnaround Management Association and its Board of Directors, officers and employees from any and all liability arising from the investigation and evaluation of this application, decisions relative to the granting of certification, continuing professional education requirements and standards of practice.
<input type="checkbox"/>	I acknowledge that all other sections, paragraphs and parts of this application are incorporated herein without specific reference.
<input type="checkbox"/>	I have received, read and agree to comply with the TMA Code of Ethics .
<input type="checkbox"/>	I have received, read and agree to abide by the Rules and Regulations of the CTP program.
<input type="checkbox"/>	A member represents that he or she subscribes to the TMA Code of Ethics .
<input type="checkbox"/>	I have not been convicted of a crime, suspended or refused membership by any professional or business association within the last 5 years.



Form 1

By providing my handwritten signature dated below, I indicate my understanding of an agreement to comply with the terms of this application.

Applicant signature:

Date:

PAYMENT

Method of payment (tick one)

Visa

Mastercard

Amex

Payment Options:

Credit Card: Visa Mastercard Amex

Card Number: _____ Expiry: ____/____

Name on card: _____ Signature: _____

Cheque: Made payable to – TMA Australia
Send to: PO Box H354, Australia Square, NSW 1215

Bank Transfer: BSB: 332-003
Account No: 553-087-564
Account Name: Turnaround Management Association Australia Ltd
(Bank Transfers: Please include your surname as your payment reference)

Please return your form and payment by email to: info@turnaround.org.au PO Box H354, Australia Square, NSW 1215



CTP

Confidential Position & Experience Confirmation

This form may be completed by typing directly into the body of the PDF document. Please submit a separate form for each of the case study references required.

Turnaround Management Association, Australia • PO Box H354, Australia Square, NSW 1215 • Phone: 1300 042 811
• Email: info@turnaround.org.au

Certification Applicant Name

Client Name or Industry/Location

CONFIRMATION PROVIDER

Name Email

Company Phone

Role in case:

APPLICANT POSITION - SELECT ALL THAT APPLY

- Restructuring professional Debt Advisor Accountant with Insolvency experience Senior Company Manager (CEO, CFO)
- Company Financial Advisor (to Shareholders/Board) Interim Management Management Consultant Banker Non-Bank Financier
- PE or VC Lawyer Other (please explain): _____

APPLICANT EXPERIENCE - SELECT ALL THAT APPLY

- Developed a written turnaround plan and obtained buy-in from client
- Developed a written turnaround plan and obtained buy-in from secured lender
- Prepared a situation analysis including a weekly cash flow, liquidation analysis, financial feasibility and staff analysis
- Served as an Interim Manager
- Oversaw implementation of the turnaround plan including cash management
- Led third party negotiations with any of the following: vendors, creditors, landlords, and/or unions
- Obtained new or restructured financing or raised equity
- Sold or liquidated an operating division or company
- Led a company through bankruptcy as the company's financial advisor or CRO

I certify that the applicant listed above held the position and had the responsibility for doing the activities indicated above.

Signature

Date

POSITION AND EXPERIENCE CONFIRMATION

Please complete the information on this page and return this entire form to TMA Australia (info@turnaround.org.au) or in a sealed envelope (PO Box H354, Australia Square, NSW 1215). TMA will not disclose the contents of this certification nor distribute copies to the applicant due to the sensitive nature of its contents.



CTP

Confidential Case Study Confirmation

This form may be completed by typing directly into the body of the PDF document. Please submit a separate form for each of the case study references required.

Turnaround Management Association, Australia • PO Box H354, Australia Square, NSW 1215 • Phone: 1300 042 811
• Email: info@turnaround.org.au

TO BE COMPLETED BY APPLICANT

Applicant First Name	Middle Name	Last Name	Suffix
----------------------	-------------	-----------	--------

Company

Business Address	City	State	Postcode
------------------	------	-------	----------

Waiver: I hereby waive any right to review or seek discovery of the respondent's statement made in this Professional Reference.

By placing an x in the box, signing my name, and providing the date below, I confirm my understanding and compliance with the terms of this document.

Applicant Signature

TO BE COMPLETED BY CONFIRMATION PROVIDER

The applicant above is pursuing certification as a Certified Turnaround Professional. Your answers should reflect the applicant's qualifications and ability to maintain professional and ethical standards. You may be contacted by one or more members of TMA's Standards Subcommittee for follow-up.

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

Company

Business Address	City	State	Postcode
------------------	------	-------	----------

By signing and dating below I represent that my answers are, to the best of my knowledge, true and correct.

Signature	Date
-----------	------

CASE STUDY CONFIRMATION

TMA will not disclose the contents of this certification nor distribute copies to the applicant due to the sensitive nature of its contents.

CASE STUDY CONFIRMATION

Note: Each multi-line field has a maximum number of characters accepted. If you need additional space for any questions, please attach a separate sheet.

1. What was your position at the time the applicant was involved with your company?

2. What was the applicant’s role in the case?

3. Any other comments?

Role in case:

APPLICANT POSITION - SELECT ALL THAT APPLY

- Restructuring professional Debt Advisor Accountant with Insolvency experience Senior Company Manager (CEO, CFO)
- Company Financial Advisor (to Shareholders/Board) Interim Management Management Consultant Banker
- Non-Bank Financier PE or VC Lawyer
- Other (please explain): _____

APPLICANT EXPERIENCE - SELECT ALL THAT APPLY

- Developed a written turnaround plan and obtained buy-in from client
- Developed a written turnaround plan and obtained buy-in from secured lender
- Prepared a situation analysis including a weekly cash flow, liquidation analysis, financial feasibility and staff analysis
- Served as an Interim Manager
- Oversaw implementation of the turnaround plan including cash management
- Led third party negotiations with any of the following: vendors, creditors, landlords, and/or unions
- Obtained new or restructured financing or raised equity
- Sold or liquidated an operating division or company
- Led a company through bankruptcy as the company’s financial advisor or CRO

I certify that the applicant listed above held the position and had the responsibility for doing the activities indicated above.

Signature

Date

POSITION AND EXPERIENCE CONFIRMATION

Please complete the information on this page and return this entire form to TMA via email or in a sealed envelope. TMA will not disclose the contents of this certification nor distribute copies to the applicant due to the sensitive nature of its contents.

THANK YOU FOR YOUR RESPONSES.



CTP

Confidential Case Study Reference

This form may be completed by typing directly into the body of the PDF document. Please submit a separate form for each of the case study references required.

Turnaround Management Association, Australia • PO Box H354, Australia Square, NSW 1215 • Phone: 1300 042 811
• Email: info@turnaround.org.au

TO BE COMPLETED BY APPLICANT

Applicant First Name Middle Name Last Name Suffix

Company

Business Address City State Postcode

Waiver: I hereby waive any right to review or seek discovery of the respondent's statement made in this Professional Reference.

By placing an x in the box, signing my name, and providing the date below, I confirm my understanding and compliance with the terms of this document.

Applicant Signature

I have asked the following individual to complete this Professional Reference:

Reference First Name Middle Name Last Name Suffix

Company

Business Address City State Postcode

TO BE COMPLETED BY CASE STUDY REFEREE

The applicant above is pursuing certification as a Certified Turnaround Professional. Your answers should reflect the applicant's qualifications and ability to maintain professional and ethical standards. You may be contacted by one or more members of TMA's Standards Subcommittee for follow-up.

If so, what is the best way to contact you? _____

Contact information: _____

By signing and dating below I represent that my answers are, to the best of my knowledge, true and correct.

Signature _____ Date _____

CASE STUDY REFERENCE

Please complete the information on this page and return this entire form to TMA via email or in a sealed envelope. TMA will not disclose the contents of this certification nor distribute copies to the applicant due to the sensitive nature of its contents.

CASE STUDY REFERENCE

Please complete the information on this page and return this entire form to TMA via email or in a sealed envelope.

Note: Each multi-line field has a maximum number of characters accepted. If you need additional space for any questions, please attach a separate sheet.

1. What is the name of your Company? _____

2. What was your position at the time the applicant was involved with your company? _____

3. Please comment on the performance of the applicant in relation to the work conducted:

4. Are you related to the applicant? Yes No
If yes, how? _____

5. What do you see as the applicant's strengths?

6. What do you see as the applicant's weakness?

7. Any other comments?

9. Would you recommend this individual for certification? Yes No
Please comment:

11. Are you a member of the Turnaround Management Association? Yes No

THANK YOU FOR YOUR RESPONSES.



CTP

Confidential Professional Reference

This form may be completed by typing directly into the body of the PDF document. The applicant will be required to submit a separate form for each of the references required.

Turnaround Management Association, Australia • PO Box H354, Australia Square, NSW 1215 • Phone: 1300 042 811
• Email: info@turnaround.org.au

TO BE COMPLETED BY APPLICANT

Applicant First Name	Middle Name	Last Name	Suffix
Company			
Business Address	City	State	Postcode

Waiver: I hereby waive any right to review or seek discovery of the respondent's statement made in this Professional Reference.

By placing an x in the box, signing my name, and providing the date below, I confirm my understanding and compliance with the terms of this document.

Applicant Signature

I have asked the following individual to complete this Professional Reference:

Reference First Name	Middle Name	Last Name	Suffix
Company			
Business Address	City	State	Postcode

TO BE COMPLETED BY PROFESSIONAL REFERENCE

The applicant above is pursuing certification as a Certified Turnaround Professional. Your answers should reflect the applicant's qualifications and ability to maintain professional and ethical standards. You may be contacted by one or more members of TMA's Standards Subcommittee for follow-up.

If so, what is the best way to contact you? _____

Contact information: _____

By signing and dating below I represent that my answers are, to the best of my knowledge, true and correct.

Signature	Date
-----------	------

PROFESSIONAL REFERENCE

Please complete the information on this page and return this entire form to TMA via email or in a sealed envelope. TMA will not disclose the contents of this certification nor distribute copies to the applicant due to the sensitive nature of its contents.

PROFESSIONAL REFERENCE

Please complete the information on this page and return this entire form to TMA via email or in a sealed envelope.

Note: Each multi-line field has a maximum number of characters accepted. If you need additional space for any questions, please attach a separate sheet.

1. What is your occupation? _____

2. How long have you known the applicant? Personally _____ Professionally _____

3. In what capacity have you known the applicant?

4. Are you related to the applicant? Yes No

If yes, how? _____

5. What do you see as the applicant's strengths?

6. What do you see as the applicant's weakness?

7. Do you have any reason to question the applicant's professional integrity or ethical behavior? Yes No

If yes, please comment:

8. Are you aware of any illegal activity or professional misconduct in the applicant's past that would reflect negatively on him/her or on the turnaround profession? Yes No

If yes, please comment:

9. Would you recommend this individual for certification? Yes No

Please comment:

11. Are you a member of the Turnaround Management Association? Yes No

THANK YOU FOR YOUR RESPONSES.