

Application to become an Accredited Agent under the ACA Player Agent Accreditation Scheme Regulations

Any questions relating to this form should be directed to the Australian Cricketers' Association

Level 1, 2 Ross Place South Melbourne, Victoria, 3205 Ph: 03 9698 7200



ACA PLAYER AGENT ACCREDITATION SCHEME APPLICATION TO BECOME AN ACCREDITED AGENT

- All questions must be answered completely.
- Where appropriate, place a tick in the relevant box.
- Please attach additional sheets of paper if more space is required.
- In this document, unless the context otherwise requires capitalised terms are defined in the ACA Player Agent Accreditation Scheme Regulations (dated 4 October 2021 or as amended) (Regulations) that include the Code of Conduct.

Privacy Statement

The information provided in, or in conjunction with, this form is collected by the Australian Cricketers' Association (ACA) for the purposes of administering the ACA Player Agent Accreditation Scheme and the Regulations, maintaining and improving the quality of representation of Australian professional cricketers by player agents and enabling the ACA and third parties to make and maintain contact with player agents in a business context for the purposes of engaging them in dealings on behalf of cricketers.

This information may be provided by the ACA to the members of the Accreditation Board and Appeals Committee for the purposes of undertaking their functions under the Regulations. The information may also be disclosed where required by law.

The following information may also be openly published by the ACA or provided to third parties, including members of the public: an individual's full name, any business name, the identity of an individual's employer, address of the individual's principal place of business, business contact details (including phone numbers), particulars of any actual or proposed disciplinary or other action taken against the individual (including any relevant conduct alleged) pursuant to the Regulations by the Accreditation Board, Appeals Committee or the ACA and names of past or present cricketers represented by an individual.

The ACA may also disclose an individual's name and personal details to Cricket Australia (CA), including for the purposes of enabling it to enforce the confidentiality undertaking required as part of Section 8 of this document.

If the information required by this form is not provided, the ACA, the Accreditation Board or the Appeals Committee may decline to consider the application.

An individual can request access to his or her information by contacting the ACA on (03) 9698 7200 and such a request will be considered by the ACA according to its legal obligations.



SECTION 1: APPLICANT DETAILS

Full Na	ame:				
Postal	Addre	ess:			
Telepł	none –	Work:			
Teleph	none –	Mobile:			
Email	Addres	SS:			
SECTI	ON 2:	INTENDED CAPACITY IN ACTING AS A PLAYER AGENT			
1.		do you intend to carry on business as an Accredited Agent? (Please see the lations including Regulation 5.1)			
	In your own personal capacity				
	On behalf of an Agent Employer Entity: (Please see Regulation 5.1)				
	(a) Insert the full legal name of proposed Agent Employer Entity (if relevant): (Please ensure correct legal name is provided – e.g. SuperStar Agents Pty Ltd				
	(b)	Insert the ACN and ABN (if applicable):			
	(c)	Describe your relationship to the proposed Agent Employer Entity (e.g. employee, director, contractor, partner):			



2.	If you wish to request that, following any approval of you provides a link promoting your business as an Accredited proposed Agent Employer Entity), you may provide the abelow.	Agent (or that of your				
	(Note: Whether the ACA provides or maintains any links absolute discretion.)	on its website will be at its				
SECTI	ION 3: APPLICANT INFORMATION					
1.	Personal					
(a)	Have you ever been known by any other name?					
	No					
	Yes - please state all names used and when used:	Yes - please state all names used and when used:				
(b)	Residential Address					
	(Address)	(Postcode)				
(c)	Date of Birth//					
(d)	Does your spouse/partner or any immediate rela spouse/partner conduct any business with any Cricket To Regulations including the definition in Item 13 of the Code	eam or Body? (Please see the				
	No					
	Yes - please specify in detail:					



2. Education, Qualifications and Experience

Degre	ee/Diploma)		(Year Graduated)
Institu	ution)		
rom		to	
· •··· <u>-</u>	(Month & Year)	_ •• _	(Month & Year)
Degre	ee/Diploma)		(Year Graduated)
Institu	ution)		
rom		to	
_	(Month & Year)		(Month & Year)
b)	Secondary Education		
Highe	est year level completed)		
Schoo	ol or other institution)		(City/State)
rom		to	
_	(Month & Year)		(Month & Year)
c)	Other Qualifications and Experience		
			any relevant negotiation experience w ther negotiating experience you wish to



3.	Current Occupation/Employe	nent
(a)	My current occupation is:	
(b)	I am currently:	
Or	Self Employed	
	Employed By:	
	of Employer egal name and ACN and ABN):	
Addre	ss:	
Conta	ct Person and Number:	
Date o	of Employment:	
Nature	e of Employment:	
And/C	Or	
	Carrying on Business (e.g. usi	ng a trading or business name) as:
Busine	ess Name:	
Addre	ss:	
Date c	of Commencement:	
Nature	e of Business:	
(c)		of employers, addresses, positions held and dates of for the past ten (10) years (attach additional sheet if
Name	of Employer:	
Addre	ss:	
Positio	on and Years:	



Name	of Employer:	
Addre	ess:	
Positio	on and Years:	
Name	of Employer:	
Addre	ess:	
Positio	on and Years:	
(d)		ed or otherwise engaged to provide Services to a Cricket egulations including Item 2.1 of the Code of Conduct)
	No Yes - please s	pecify, including which entity:
(e)	Employer to the above listed	inuing providing the above listed Services to A Cricket lentity if you become an Accredited Agent? pecify, giving reasons:
	ditation Board for an Accredite	nduct that requires prior written approval from the ed Agent to provide Services to a Cricket Employer as set
(f)		y that you are presently or may in the future engage in or potential conflict of interest with your representation
	No Yes - please s	pecify and how you would manage it if Accredited:



Note: See Item 2.2 of the Code of Conduct that requires full disclosure to the Player of conflicts of interest and their express written consent.

4.	Memberships and Licences					
(a)	Are you a current member of any business or professional organisations which direct relate to your occupation or profession?					
	No Yes - please specify:					
(b)	Please list any current occupational or professional licences or other similar credentials you have obtained (e.g. Certified Practising Accountant, Registered Tax Agent, Barrister and Solicitor of the High Court of Australia, Australian Lega Practitioner under State legislation) other than degrees or diplomas from a tertiary educational institution, including dates obtained:					
(c)	Are any charges or complaints currently pending against you regarding your conduct as a member of any profession, or as a holder of public office?					
	No Yes - please specify the nature of the charge or complaint and the the authority considering it:					



(d)		ht to engage in any profession or occupation ever been restricted, vithdrawn, or terminated?
	No 🔲	Yes - please explain fully:
(e) as und		ccredited agent under any other player agent accreditation scheme (such creditation scheme in another country or for another sporting code)?
	No	Yes - please provide details:
5.	Legal Informa	ation
(a)	=	er been convicted of an offence involving violence or abuse, dishonesty? (Please see Regulations including Regulation 5.3(k))
	No 🔲	Yes - please indicate the offence, date of conviction, jurisdiction and sentence/penalty imposed:
(b)	Have you eve	er been convicted of any other criminal offences (excluding minor traffic fences)?
	No \square	Yes - please indicate the offence, date of conviction, jurisdiction and sentence/penalty imposed:



(c)	Have you attached an original, current National Police Check (no more than three (3) months old) from an Australian State or Territory police force?
	No Yes
	<u>Please note: Applications without the required National Police Check will not be considered.</u>
(d)	Have you ever been the subject of a court judgment (not over-turned on appeal) in civil proceedings involving findings against you of fraud, dishonesty or breach of duty? (Please see the Regulations including Regulation 5.3(I))
	No Yes - please provide details:
(e)	Are you an undischarged bankrupt, have you previously been declared bankrupt or are you otherwise subject to bankruptcy proceedings? (Please see the Regulations including Regulation 5.3(m))
	No Yes - please provide details:
(f)	Have you ever been disqualified from involvement in the management of a corporation or banned from practising in the financial services or credit industry, pursuant to the <i>Corporations Act 2001</i> (Cth) or similar legislation in Australia or overseas? (<i>Please see the Regulations including Regulation 5.3(n)</i>)
	No Yes - please provide details:



(g)	Have you ever been the subject of legal or disciplinary proceedings brought against you (excluding as a player) or your employer by any player, players' association, professional sports club or team or governing body of a sport for any reason?
	No Yes - please indicate the nature of the proceedings and the outcome:
6.	References
persor	e list below the names, addresses, and daytime telephone numbers of at least three (3) ns, not related to you, who have known you for at least five (5) years and can attest to tharacter. You authorise the ACA to contact them to obtain a reference.
CAACAc	e note that these names cannot include any of the following: A, State Association or BBL/WBBL Team employees or Board members; CA employees or Executive Committee members; ccredited Agents; ofessional cricket Players.
Name	:
Relatio	onship:
Daytin	me contact number:
Name	:
Relatio	onship:
Daytin	me contact number:



Name	e:
Relat	ionship:
Dayti	me contact number:
SECT	ION 4: FURTHER APPLICANT INFORMATION
(a)	Professional Sports Experience
	List below (or attach a list which includes) the names of every professional cricketer you currently represent, including any arrangement that would enable you to act of their behalf in individual contract negotiations with CA, State Associations or W/BBI Teams. If the Player is an Overseas Player (as defined in the Regulations) please indicate same.
Agree	Accredited Agents are required, amongst other things, to use the Standard Player Agent ement (See the Regulations including Regulation 6.2). Please contact the Accreditation of if you have any queries regarding this.
(b)	Coaches and Management Personnel
	List the names of any coaches, officials, employees, directors or officers you represent (or wish to represent) who are employed or engaged by any Cricket Team or Body (Please see Items 1 and 13 of the Code of Conduct that forms part of the Regulations)



SECTION 5: BUSINESS SERVICES

(a)	What services do you or does your employer/business provide or intend to provide to professional cricketers (please tick each as required)?						
	Contract Negotiations		Financial Planning	5			
	Estate Planning		Investment Couns	selling			
	Tax Planning						
	Appearances / Endorse	Appearances / Endorsements / Marketing / Promotion					
Other	services (please explain,	e.g. legal advice or	other service):				
(b)	What qualifications an specified above?	d licences do you	hold in relation to	the services you hav	'e		
(c)	Do you presently managericketers?	ge, invest or in any o	ther manner handl	e funds for profession	a		
	No Yes						



(d)		the professional cricket player in securing such services?
	No	Yes, please describe what you do in this regard. This includes the names and addresses of services and notification of any fees you or your employer/business receives.
(e)	relationship of another person benefit in re- represent to	of your knowledge, are there any agreements, understandings or of any kind with any third party under which you (or your employer or on or entity associated with you) may receive a fee, commission or other ation to referring, recommending or facilitating any players you may acquire any property, goods or services or enter into any dealings with ty? (See the Regulations including Item 7.1 of the Code of Conduct)
	No	Yes - please explain fully, including the name and address of each such person, firm or organisation, and details of any fees, commissions or other benefits:
SECTI	ON 6: PROFE	SSIONAL INDEMNITY INSURANCE
(and indem	any relevant A nnity insurance	3 and Item 10 of the Code of Conduct require each Accredited Agent Agent Employer Entity) to have in place and maintain professional cover with a reputable insurer to a value of at least \$2 million (or such mined by the Accreditation Board).
(a)	policy provid activities as a	ently named as an 'insured' under a professional indemnity insurance ed by a reputable insurer for at least \$2 million in respect of your player agent? If you an employed by an Agent Employer Entity, are they a named 'insured' under that policy?
	No	Yes - please attach a certificate of currency issued by the insurer evidencing the above.

<u>Please note: Applications will not be considered unless a suitable certificate of currency issued by the insurer has been supplied.</u>



(b)	Are you a named 'insured' under the policy, as shown on the certificate of currency							
	No	Yes						
SECTIO	ON 7:	FEES						
I have	provide	ed the Application Fee of \$750 (inc. GST) by the following means:						
		Cheque (attached) made payable to "Australian Cricketers' Association"						
		Credit card (please make payment prior to submitting this application by telephoning the ACA on 03 9698 7200)						
		Bank Transfer to Australian Cricketers' Association – please ensure your name is listed on the transaction						
		BSB - 063 128 Account: 1017 1082						

<u>Please note: Applications will not be considered unless the Application Fee has been paid.</u>



SECTION 8: DECLARATION AND AGREEMENT

l						_ (full r	name)	hereby	apply	to	become	an
Accredited	Agent	under	the	ACA	Player	Agent	Accred	ditation	Scher	ne	Regulation	ons
(Regulations).												

I have read the above questions, and have personally answered all questions fully and honestly. To the best of my knowledge, information and belief, all answers are true and correct.

Further, I have read and understand the Regulations and Code of Conduct and if I am Accredited I agree to, comply with, and be bound by, those documents in their entirety, as they may be amended from time to time.

I have read, understood and consent to the matters set out in the Privacy Statement in this form. Further, I consent to the collection of sensitive information about me (including information in relation to any criminal record or membership of a professional association) in or in conjunction with this form (or otherwise in connection with my application).

I understand and agree that:

- (a) my application is subject to the Regulations and that I may be required to provide further information or participate in an interview and that my application may be approved only subject to terms and conditions;
- (b) my application will be deemed unsuccessful unless I have completed:
 - (i) the Pre-Accreditation Examination (to the standard of 70% or more) within three (3) months after the study materials are sent by the ACA (marked to be delivered to the address given by me in this form or as otherwise requested by me); and
 - (ii) all other requirements to become an Accredited Agent (under these terms and conditions and the Regulations) within three (3) months after this application form has been received by the ACA;
- (c) if my application is approved, commencement and maintenance of Accreditation will be subject to the Regulations and to my full participation in any induction session as prescribed by the ACA, including (without limitation) requirements to pay the Annual Fees (including an initial Annual Fee prior to first becoming Accredited), successful completion of the Pre-Accreditation Examination and participation in prescribed education activities; and
- (d) Annual Fees are non-refundable. 50% of the Application Fee is non-refundable, with the other 50% of the Application Fee refundable only in the circumstances expressly provided in the Regulation 4.3(b).



If I obtain a copy of the MOU (or any part of the MOU) from the ACA, I undertake and agree to keep this confidential, except solely as required for the purposes of acting in accordance with the Scheme or seeking legal, taxation or financial advice in the course of and for the purposes of acting as a representative or adviser to players.

I agree to make disclosure to the ACA within five (5) Business Days of any changes to the information disclosed in relation to my application or any other matters which may be material to my application.

Executed by the Applicant:						
(Signature)	(Date)					
Executed in the presence of a Witness:						
(Signature)	(Name)					

To lodge this application or for any further information please contact Lachlan McKenna at the ACA:

Australian Cricketers' Association Inc. PO Box 395 South Melbourne VIC 3205 T: 03 9698 7200

F: 03 9698 7200

E: lmckenna@auscricket.com.au



SCHEDULE 1 - CHECKLIST

I have read and understood the Regulations (including the Code of Conduct and other documents referred to therein).
We strongly recommend that you familiarise yourself with the list of CA's Codes and Rules listed in Item 6.2(vi) and (ix) of the Code of Conduct that are available on CA's website at http://www.cricketaustralia.com.au/cricket/rules-and-regulations .
All questions have been answered in full.
I have attached a certificate of currency (issued by the insurer) for my professional indemnity insurance showing at least \$2 million cover.
I have attached an original, up-to-date National Police Check (no more than three (3) months old).
I have paid the required Application Fee of \$750 (inc. GST).
I have attached a valid Working With Children Check