

CPE Audit Submission

Privacy Notice

The personal information collected on this form is collected for the purposes of the Patents Act 1990, Patents Regulations 1991, Trade Marks Act 1995 and the Trade Marks Regulations 1995.

All personal information you provide on this form is handled in accordance with the *Privacy Act 1988*, TTIPAB's Privacy Policy and IP Australia's Privacy Policy.

The Privacy Policy contains relevant information, including:

- how you may seek access to and correction of the personal information we hold;
- how we protect your personal information;
- how you may make a complaint about a breach of the Privacy Act and how we will deal with your complaint; and
- the contact details for the Privacy Contact Officer.

Any personal information you provide will be used for the purposes of contacting you during the CPE audit process.

The Designated Manager and IP Australia will not otherwise use or disclose your personal information without your consent, unless authorised or required by or under law.

CPE Audit Submission

By completing this form, you consent to your personal information being handled in accordance with the Privacy Notice on page 1 of this form.

Personal Details

| | |
|---------------|-----------------|
| Full name: | Email address: |
| Full address: | Contact number: |

Evidence against CPE Declaration provided during annual renewal

One (1) hour of activity equates to 1 hour of CPE
 For more information on requirements relating to CPE please visit our [website](#).
 Attorneys need to complete a minimum of 5 hours in their registered discipline and 1 hour of ethics
 Do not send additional documentary evidence with the form - we will contact you if further evidence is required
 CPE is claimable within the 12 months prior to your recent renewal payment

| Date | Event | Hours claimed | Topic | Formal or self-guided |
|------|-------|---------------|-------|-----------------------|
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Declaration by attorney

I declare that all the information provided is true and correct. Signature or type name _____ Date

Please submit completed form via [email](mailto:mail.ttipab@ipaaustralia.gov.au)