



STEP Canada Diploma Affiliate/Associate Enrolment Form

Please ensure you complete all areas and include the following:

- ☐ A detailed resume
- ☐ Photocopy of your professional designation certificate(s), if any
- ☐ Payment for annual affiliate/Associate fees and course registration
- ☐ All necessary signatures, dated

On completion of this form please send to:

STEP Canada
Attention: Education
45 Sheppard Avenue East, Suite 510
Toronto, Ontario M2N 5W9

Or email to:

education@step.ca

1. Enroll as a STEP Canada Affiliate/Associate

Are you already enrolled in the STEP Diploma Program?

☐ Yes ☐ No

If Yes, please provide your STEP number below and continue to Section 4. #: _____

If you are a QP Affiliate, confirm your wish to transfer to the Diploma route by checking here ☐

How did you hear about STEP?

- | | |
|---|--|
| <input type="checkbox"/> Colleague/Employer | <input type="checkbox"/> STEP Inside |
| <input type="checkbox"/> www.step.ca | <input type="checkbox"/> STEP Member |
| <input type="checkbox"/> STEP conference or event | <input type="checkbox"/> Print advertisement |
| <input type="checkbox"/> Other _____ | |

Branch Selection

Please specify which branch you wish to be affiliated with:

- | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Calgary | <input type="checkbox"/> Edmonton |
| <input type="checkbox"/> London & SWO | <input type="checkbox"/> Montreal | <input type="checkbox"/> Okanagan |
| <input type="checkbox"/> Ottawa | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Vancouver | <input type="checkbox"/> Winnipeg | |

Applicant's Declaration

Please read the information below before signing this declaration.

I understand that as a STEP Affiliate/Associate, I am represented by STEP throughout the world. In addition, my local STEP region and branch provide further support, benefits and services.

I confirm that I am aware of STEP's Memorandum and Articles of Association, its Standing Orders, the STEP Code of Professional Conduct and all other rules, regulations and guidance (and any amendments) that may be issued by STEP from time to time. I agree to abide by these, which together, are referred to as the "STEP Rules." These are published on the STEP website at www.step.org/central-governance

I confirm and acknowledge that if I breach any of these rules, disciplinary action may be taken against me that may result in a sanction being imposed which may affect my STEP membership, and that any sanctions and information relating to an investigation could be published in the STEP Journal in accordance with our Disciplinary Policy. <http://www.step.org/sites/default/files/Policy/step-disciplinary-panel-publications-policy-june-2016.pdf>

Enroll as a STEP Canada Affiliate/Associate Cont'd

I confirm that no prior or current criminal and regulatory proceedings have been brought against me by any authority, and that I will notify STEP should I become the subject of any criminal, regulatory or disciplinary investigation or other matter that has not already been brought to the attention of Professional Standards. I am aware that as STEP membership is a contract under English and Welsh law I am required to declare any criminal convictions under the provisions of the UK Rehabilitation of Offenders Act 1974. I understand that the UK Rehabilitation of Offenders Act 1974 does not apply to the accountancy or legal profession, and therefore I may be required to disclose past convictions: that is any conviction irrespective of its age and/or type. I understand that I cannot resign or lapse my STEP membership while an investigation is ongoing under the STEP Disciplinary Rules and that regardless of any such resignation and/or lapse, that STEP is entitled to investigate any complaints and make a determination as to my continued membership.

I understand that it is a requirement of STEP membership to ensure appropriate professional indemnity insurance (PII) is in place; therefore, I confirm that I hold appropriate PII for the work which I undertake, or that as an employee, I am appropriately indemnified by my employer for the work I perform. Furthermore, I understand that if I make a declaration concerning PII which is subsequently found to be false, I will be subject to proceedings under the STEP Disciplinary Rules.

I agree to adhere to meet STEP's CPD requirements and record my CPD activities. I understand that random CPD audits are performed each year and that failure to respond to a request for a list of CPD activities I have undertaken may result in suspension of membership. Full details can be found at www.step.org/cpd

Signature: _____

Date: DD/MM/YYYY _____



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2. Personal and Employment Details

Personal Details

Title (i.e. Mr. Mrs. Ms.): _____

First Name: _____

Family Name: _____

Gender: ☐ Male ☐ Female

Date of Birth: DD/MM/YYYY _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Tel Number: _____

Mobile Number: _____

E-mail: _____

Employment Details**

Firm Name: _____

Occupation: _____

Industry: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Tel Number: _____

Fax Number: _____

E-mail: _____

****This address will be used for the online STEP Directory and the address your course materials will be sent.**

If any of the information you have listed above changes, please remember to update it at www.step.ca.

3. Data Protection

The information you provide will be used by STEP, its subsidiary companies, STEP Branches/Chapters or approved agents for administrative and membership purposes or as required by law. Once you have provided your consent in the check box below, we will use your information to keep you up-to-date with news and developments in the industry, via both email and post. Our News Digest emails provide you with an overview of current news articles and reports relevant to your practice and region and the STEP Journal provides news, trends and issues facing trust and estate practitioners; industry debate, incisive comment and thoughtful analysis; legislative developments and implications; technical briefings and taxation updates; book and product reviews; and listings of STEP meetings and events for the months ahead.

We do not sell lists of our members, but, with your consent in the check box below, may pass your details on to local STEP Branches/Chapters acting on STEP's behalf as well as third parties with whom STEP works closely, for example our education partners. These companies may be based worldwide. This enables them to send you information about products and services that are relevant to your membership and are approved by STEP.

STEP also produces lists of STEP members available to the public (i.e. Online Directory). This list appears on the public area of the STEP website. You will need to check the box below to confirm you would like your details to appear in the Online Directory.

IMPORTANT – PLEASE READ AND CHECK THE BOXES ACCORDINGLY

Please check the boxes below to provide your consent to receiving such messages by email, SMS and/or post from STEP, local STEP Branches/Chapters and other third parties approved by STEP.

Please note, that if you do not check either the box below relating to mailings or the box below relating to emails, then STEP will not be able to contact you regarding your membership and this could result in your membership lapsing. You will also be missing out on a number of member benefits if you do not give consent for STEP to mail or email you.

- ☐ I would like to receive mailings from STEP. (Please note that this includes the STEP Journal).
- ☐ I would like to receive emails from STEP. (Please note that this includes the STEP News Digests and all STEP member newsletters).
- ☐ I would like to receive SMS messages from STEP. (Please note that STEP will not charge you for any SMS messages sent to you).
- ☐ I would like to receive mailings (including emails) from third parties approved by STEP relating to products and services that are relevant to my membership.
- ☐ I would like to have my contact details appear on lists of STEP members that are available to the public or appear on the public area of the website.



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Data Protection Cont'd

STEP members can update their email and mailing preferences at any time by logging into the STEP website.

Background Check

STEP undertakes background checks using the Thomson Reuters World-Check One service to assist with determining an applicant's suitability for membership. Further information can be found at:

<https://risk.thomsonreuters.com/en/products/world-check-one-kyc-verification.html>

We may also contact other organisations to which you belong or have belonged and/or other authorities to obtain further information.

Please note that by submitting an application for membership, you are giving your consent for STEP to complete a background check. The laws of England and Wales govern this Agreement and the parties submit to the exclusive jurisdiction of the English courts.

☐ I give my consent for STEP to undertake any background check as deemed necessary. I understand and accept that any information obtained may be considered by the Membership Committee and STEP (and its representatives) to determine my suitability for membership.

☐ I agree to provide STEP with further information about the nature of any results if requested to do so.

If you would like further information on how STEP uses your personal information, please refer to our privacy policy which can be found at: www.step.org/privacy-policy-and-terms-use, or contact us at step@step.org

Signed: _____

Date: DD/MM/YYYY _____

4. Course Enrolment

Please select the course you wish to enrol in:

- ☐ Law of Trusts
- ☐ Taxation of Trusts & Estates
- ☐ Wills, Trust & Estate Administration
- ☐ Trust & Estate Planning

Please select either of the next two examination dates:

- ☐ May
- ☐ November

Please select the location for writing your exam:

- | | | |
|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Calgary | <input type="checkbox"/> Moncton | <input type="checkbox"/> St. John's |
| <input type="checkbox"/> Edmonton | <input type="checkbox"/> Montreal | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Halifax | <input type="checkbox"/> Ottawa | <input type="checkbox"/> Vancouver |
| <input type="checkbox"/> Kelowna | <input type="checkbox"/> Charlottetown | <input type="checkbox"/> Victoria |
| <input type="checkbox"/> London | <input type="checkbox"/> Saskatoon | <input type="checkbox"/> Winnipeg |
| <input type="checkbox"/> Other | | |

We recommend you allow 4 – 6 months of study time before the exam date.

I agree that in making a successful application for course and examination entry I accept that I am bound by the STEP Diploma for Canada Examination Rules and Regulations as may be posted at www.step.ca from time to time. I acknowledge that STEP reserves the right to vary or cancel an examination where the occasion necessitates, and that STEP accepts no liability if, for whatever reason, a course or examination does not take place.

Signed: _____

Date: DD/MM/YYYY _____

5. Fees and Consent

Please note: all sections below must be answered in order to process your application

Local Branch Officers:

From time to time local branch officers reach out to members of their branch to discuss activities of the branch:

- ☐ I give STEP permission to share my contact details with branch officers.
- ☐ I DO NOT give STEP permission to share my contact details.

STEP Inside subscription preferences (published each Jan, May, Oct.)

- ☐ Hard copy of STEP Inside
- ☐ Electronic copy of STEP Inside
- ☐ Do not send

Name on card: _____

Card number: _____ Expiration: _____

Signature of Cardholder: _____

Continuing Education (CE) Requirements:

All new members are required to use Role Benchmarking to fulfill the CPD Requirements. Role benchmarking involves reviewing your current job description and the new skills that you will need in the year ahead, then using those to plan CPD activities. A random sample audit of CPD records will be carried out on an annual basis. The policy can be found here: <https://www.step.org/steps-cpd-policy>

- ☐ I have read the CPD policy and understand and meet the requirements.

Payment method & Membership fee:

- ☐ I enclose a cheque made payable to STEP Canada
- ☐ I authorize you to debit my Visa / MasterCard / AMEX \$895 (+ taxes) for the selected course
- ☐ Annual membership fee - \$200 (+ taxes on 50% of fees) ***Mandatory for new students***

* All fees are set by STEP Canada and are subject to change without notice.