

# Employment Details Form

(Letter of Agreement / Change of Employment)



Please fill in your 'Candidate ID', if known (please use a BLACK pen)

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Please tick the appropriate box to indicate why you are completing this form:

- Letter of Agreement complete **Sections 1 and 2**
- Change of mentor details complete **Sections 1 and 2**
- Change of employment details complete **Sections 1, 2 and 3**
- 'Out of service' complete **Sections 1, 3 and 4**

Please complete **ALL** the sections as ticked above, and return the application to the Institute's office (see page 4 for contact details). **Please print in BLOCK LETTERS.** Please note: Incomplete forms may cause enrolment delays.

**Section 1 – Candidate details (to be completed by candidate)**

Full name (Name/Family name)

Position title (relevant accounting role)

Department

Email

Phone (direct)   Mobile

Company name

Company street address

State  Postcode  Country

Company reception phone   Company reception fax

Date you commenced employment with this company   Day •   Month •     Year

Employment type  Full time  Part time, at  hours per week

**Please note:** Part time must be at least **17.5 hours per week** to be counted pro-rata towards the three (3) years required for membership.

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**Section 2 – Mentor details** (to be completed by mentor)

**Please note:** 'Mentored service' is service conducted under the supervision of an Australian Chartered Accountant **or** member of a fully recognised overseas body.

Full name (Name/Family name)

Member number

Fully recognised overseas body (if not a member of 'the Institute')

Position title

Department

Email

Date you commenced mentoring candidate   .   .      
Day Month Year

Are you working at the same company and site as the above-named candidate?  Yes  No

➔ **Note:** If you answered 'No' to the above question, you need to complete the **External mentor's company details** section below.

**External mentor's company details:**

Company name

Company street address

State  Postcode  Country

Company reception phone   Company reception fax

**Please note:** where the **mentor is external** to the organisation, an **employer representative** must also be nominated to sign the 'Practical Experience Agreement' below (e.g. Manager/Partner/GM/HR/CEO). Please provide details of the employer representative **below:**

**Employer representative details:**

Full name (Name/Family name)

Position title

Department

Email

**Practical Experience Agreement**

The Institute of Chartered Accountants in Australia ('the Institute') confirms the agreement made between the prior-mentioned parties regarding the conduct and completion of the practical experience requirements of the Chartered Accountants Program.

The Practical Experience Guidelines outline the roles and responsibilities of each party within the Practical Experience Program and each of the signatories to the right, acknowledges they have read and understood the guidelines relevant to them. The candidate will also notify the Institute when any change is made to the conditions prevalent at the time of signing.

**Note:** Candidates will only be eligible if they have been in a relevant accounting role mentored by a recognised Chartered Accountant employed by the organisation.

It is important to note that mentoring **will not be backdated** where the mentor is external to the organisation or if the candidate is enrolling on the basis of three years non-mentored experience.

**Signed as acknowledgement of the agreement:**

Candidate's signature

Mentor's signature

Employer representative's signature (if mentor is external)

Date   .   .      
Day Month Year

Chartered Accountants Program  
Employment Details Form

Please fill in your 'Candidate ID', if known

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**Section 3 – Change of employment details** (to be completed by previous employer)

I certify that the above candidate was employed with this organisation and mentored by a Chartered Accountant in accordance with the Chartered Accountants Program Regulations (please refer to the Chartered Accountants Program Regulations R1 in the Members' Handbook at [charteredaccountants.com.au/handbook](http://charteredaccountants.com.au/handbook))

Employment type  Full time  Part time, at  hours per week (minimum of 17.5 hours per week)

Duration of employment  Day •  Month •  Year to  Day •  Month •  Year =  Years •  Months

Candidate's position

Company name

Company street address

State  Postcode  Country

Company reception phone   Company fax

**Mentor details** (to be completed by previous mentor)

**Please note:** 'Mentored service' is service conducted under the supervision of an Australian Chartered Accountant **or** member of a fully recognised overseas body

Full name (Name/Family name)

Member number

Fully recognised overseas body (if not a member of 'the Institute')

Email

Phone

Signature

Date  Day •  Month •  Year

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# Chartered Accountants Program Employment Details Form

Please fill in your 'Candidate ID', if known

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## Section 4 – 'Out of Service' (to be completed by mentor)

I,   
(Mentor's full name)

(Mentor's member body number)

hereby agree to mentor the above candidate during the module of  
  
(Module title)

in accordance with the Chartered Accountants Program Regulations.

We propose the following mentoring arrangements:

Type of contact	Frequency of contact	Duration of contact
<input type="checkbox"/> Face to face	<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 minutes
<input type="checkbox"/> Email	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 1 hour
<input type="checkbox"/> Phone	<input type="checkbox"/> Monthly	<input type="checkbox"/> > 1 hour
<input type="checkbox"/> Other		

Candidate's signature

Date          
Day Month Year

Mentor's signature

Date          
Day Month Year

### Purpose of the 'Out of Service' provision

To become a Chartered Accountant, in addition to passing the program modules, you also need to complete three (3) years of approved service mentored by a Chartered Accountant. Some of this is done before you start your modules. It is a requirement that you are in approved, mentored service while studying the modules.

There may be times when you are not currently employed while you are studying a module, and so the Chartered Accountants Program regulations allow you to undertake a maximum of two modules (28 weeks) while 'out of approved service'.

**Please note:** You must be in approved employment at module commencement.

### Who can be my mentor while I'm out of service?

You are required to nominate a mentor while you are out of service who will be available to provide guidance in your module study.

Your mentor is required to be an Australian Chartered Accountant **or** a current member of one of the Institute's fully recognised overseas bodies.

### When do I need to apply for 'Out of Service'?

1. If you are enrolled in a module that is **about to commence** and you are not currently working or not in approved employment
2. If you are **currently enrolled in a module**, but:
  - a) Will / have ceased approved employment and you do not have another position**OR**
  - b) Your new position is not in approved employment, ie. a relevant accounting role.

## Section 5 – Submitting your application

### Application forms

Please submit your completed application to:

<b>Mail</b>	Customer Transactions Team The Institute of Chartered Accountants in Australia GPO Box 9985, Sydney 2001 Australia
<b>Fax</b>	+61 2 9262 1298
<b>Email</b>	<a href="mailto:service@charteredaccountants.com.au">service@charteredaccountants.com.au</a>
<b>In person</b>	
ACT	L10, 60 Marcus Clarke Street, Canberra
NSW	33 Erskine Street, Sydney
Qld	L32, Central Plaza One, 345 Queen Street, Brisbane
SA	L11, 1 King William Street, Adelaide
Vic	L3, 600 Bourke Street, Melbourne
WA	Ground Floor, BGC Building, 28 The Esplanade, Perth

**For further enquiries or additional information** please contact the Chartered Accountants Service Centre on:

<b>Web</b>	<a href="http://charteredaccountants.com.au">charteredaccountants.com.au</a>
<b>Phone</b>	
Australia	1300 137 322
<b>Overseas</b>	+61 2 9290 5660
<b>Email</b>	<a href="mailto:service@charteredaccountants.com.au">service@charteredaccountants.com.au</a>
<b>Fax</b>	+61 2 9262 1298

### Privacy statement

The Institute of Chartered Accountants in Australia respects the privacy of individuals and acknowledges that the information you provide on this form is 'personal information' as defined by the Commonwealth *Privacy Act*. The information is being collected for the purpose of processing your application. The provision of this information is voluntary, but if it is not provided the Institute may be unable to process your application. If your application is successful, the information will also be used for the purposes listed in the Institute's privacy policy – a copy of which is at [charteredaccountants.com.au/A116990340](http://charteredaccountants.com.au/A116990340)

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