

Application by a Chartered Accountants Program Graduate for Membership

(under By Law 10a) (Reg R2, Clauses 101-110)



Please fill in your **Identification Number**, if known (please use a **BLACK** pen)

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Please complete **ALL** the sections (1 – 9) below, and return the application with payment to the Institute's office (see page 6 for contact details). **Please print in BLOCK LETTERS.**

Section 1 – Personal details

Title Mr Mrs Miss Ms Dr

Given name/s (in full)

Family name Preferred name

Date of birth

Section 2 – Contact details

1. Personal contact details

Street address

State Postcode Country

PO Box address

State Postcode Country

Email (home)

Phone (home) Fax (home)

Mobile

2. Business contact details

Company name

Position in company

Street address

State Postcode Country

PO Box address

State Postcode Country

Email (work)

Phone (work) Fax (work)

3. Preferred contact details

Postal address: Home street address Home PO Box address
 Business street address Business PO Box address

Email address: Home Business



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Section 3 – Late application

Did you finish the Chartered Accountants Program more than one (1) year ago? Yes No

If you answered 'yes', you must provide details of Training and Development (T&D) that you have undertaken since completing the Chartered Accountants Program*. You must use the 'Record Sheet' that is provided under **Training and Events/Training & Development requirements** on the Institute website charteredaccountants.com.au where examples of activities that qualify for T&D are given. Attach the completed 'Record Sheet' to this application.

Section 4 – Service and employment details

I confirm that I have completed the required approved experience mentored by a Chartered Accountant in public practice or in an accredited organisation/s.

Please cross the appropriate box:

At least three (3) years full time (or effective full time equivalent) experience mentored by a Chartered Accountant in public practice or in an organisation accredited by the Institute

OR

A total of five (5) years experience, with three (3) years general accounting experience completed prior to enrolling in the Chartered Accountants Program* (as per Reg 6.2(b)) and at least two (2) years full-time (or effective full-time equivalent) experience mentored by a Chartered Accountant in public practice or in an organisation accredited by the Institute.

List details of this employment:

* Please check your service details held by the Institute online at charteredaccountants.com.au/dashboard and where details differ, attach a letter from the firm(s) indicating start and/or end date. (If additional space is required, please photocopy this page and attach to this application.)

Name of organisation

Street address

State Postcode Country

Position

Employment type Full time Part time

Duration to = Years Months

Firm type: Chartered CPA Public Accounting Commerce Other →

Name of organisation

Street address

State Postcode Country

Position

Employment type Full time Part time

Duration to = Years Months

Firm type: Chartered CPA Public Accounting Commerce Other →

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Section 6 – Registrations/Authorities

Please indicate whether you hold any of the following registrations/authorities.

- Registered Company Auditor
- Registered Trustee in Bankruptcy
- Registered Tax Agent
- Registered BAS Agent
- Registered Company Liquidator
- I hold an Australian Financial Services Licensee (AFSL)
AFSL number
- I am a representative/authorised representative of an AFS Licensee
Full name of the AFS Licensee

AFSL number
- I undertake the following services: SMSF Auditor
- I review Second Tier Companies Limited by Guarantee.

Please note: If you have indicated that you hold any of the above Statutory Registrations, offer services to the public and/or you are currently/are becoming a partner/principal/director/sole practitioner in public practice, you are required to hold a Certificate of Public Practice (CPP). By law 34, Regulation R4 and R9 and guidance note N5 are the relevant sections of the Member’s Handbook that relate to CPPs. If you wish to apply for a CPP you must submit the ‘CPP application form’ (with appropriate documentation) in addition to your readmission to membership application form.

An interactive guide has been designed to assist members to determine whether they require a CPP. To utilise this tool and to access further information on CPP requirements, please visit charteredaccountants.com.au

Section 7 – Declaration

- a) Have you ever been convicted of a criminal offence or is there a charge pending? Yes No
- b) Have you ever been subject to disciplinary action by a statutory, professional or other body in respect of your professional capacity? Yes No
- c) Are you presently under any order of the court, are you a bankrupt, have you made an assignment for the benefit of your creditors or have you executed an authority under Part X of the *Bankruptcy Act 1966* within the last three (3) years? Yes No
- d) Are you subject to a notice not to manage a corporation as provided in section 206, Part 2D.6 of the *Corporations Act 2001*? Yes No

Note: If you have answered ‘YES’ to any of the above questions, please attach details.

Please indicate your acceptance of these terms by crossing the box beside each statement.

- I have read and agree to be bound by the Institute’s Supplemental Charter, By-laws and Regulations prescribing any ruling on the standards of practice and professional conduct, including the technical standards, as required by the Institute to be observed.
- I agree to abide by the lawful decisions of the Institute’s Board or any Regional or Local Council, Standing or other Committees or Officer of the Institute to whom the Board may, in accordance with the Supplemental Charter or the By-laws, delegate its functions or powers.
- I agree to produce such further evidence and information in relation to this application as may be required by the Institute and attest that the information supplied is true and correct.

In consideration of the Institute of Chartered Accountants in Australia’s (the Institute) evaluation of my suitability for membership, I understand and agree that confirmation of my responses will be sought. These checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s). I hereby authorise the Institute and its authorised nominees to collect, use, disclose and store personal information about me from third parties, for the purpose of verifying my experience and qualifications.

Additionally, I allow third parties holding personal information about me to release such information to the Institute and its authorised nominees.

Applicant’s signature

Date

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Section 8 – Payment details

Fees payable:

1. Application fee AU\$

2. Membership subscription fees AU\$

Total payable AU\$

I authorise the Institute to deduct the appropriate application fee from my credit card (see details on payment below).

Members' Handbook

The Members' Handbook is offered online as a free member service and is updated every eight weeks – available at charteredaccountants.com.au/handbook.

A free Handbook CD-rom is produced in December each year, targeted at members who are unable to access the internet version of the Members' Handbook and/or need to access the Members' Handbook from their hard drive. If a CD is required, you can update your Handbook delivery method online – simply log on to the website and update your Survey preferences.

The network version of the Handbook CD-rom allows multiple users and can be purchased online at charteredaccountants.com.au/handbook.

Payable by:

Cheque/Bank Draft
(payable to the Institute of Chartered Accountants in Australia)

Amex Visa MasterCard Diners Club

Card number

Expiry date

Card holder name

Card holder signature

Terms and Conditions

The Institute of Chartered Accountants does **not accept cash** payments. Payment methods accepted include cheque, EFTPOS and credit cards. A dishonour fee of **\$25** will be charged for each cheque that is not cleared or honoured by the bank or financial institution.

By submitting this form to the Institute of Chartered Accountants in Australia you acknowledge that you agree to the Terms and Conditions.

You must pay the relevant application fee, as well as the relevant subscription fee. **Please note**, where reference is made to the 'Chartered Accountants Program', it is also relevant to the 'Professional Year Programme'. *

1. Application fee (GST free)

The application fee is dependant on when your application is received:

\$323 – If you apply **within** three (3) months after completing the Chartered Accountants Program* and your service requirement

\$537 – If you apply **more** than three (3) months after completing the Chartered Accountants Program* and your service requirements.

2. Membership subscription fees

The Institute membership subscription is based on a financial year (July to June). You must pay the relevant subscription fee (a pro-rata fee applies if the application is made in any month other than July) will be payable before the application approval is finalised (see table below).

Subscription fees (2011/12)		Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12
Australian resident	AU\$ (incl. GST)	816.00	748.00	680.00	612.00	544.00	476.00	408.00	340.00	272.00	204.00	136.00	68.00
Overseas resident	AU\$	593.46	544.01	494.55	445.10	395.64	346.19	296.73	247.28	197.82	148.37	98.91	49.46

Section 9 – Checklist

- Completed **all** the sections (1 – 8)
- Completed **Chartered Accountants Program***
- Service requirements** completed
- Original references** dated within three (3) months of application

- T&D record sheet** attached (if applicable)
- Payment** authorised/attached.
- Completed **Mentor final report form** (see page 7)
Note: Only applicable to candidates who have done the 'Practical Experience Program' or participated in the 'in-house recognised program'.

Section 10 – Submitting your application form

Application forms / Supporting documents

Please submit your completed application **with payment** to:

Mail	Customer Transactions Team The Institute of Chartered Accountants in Australia GPO Box 9985, Sydney 2001 Australia
Fax	+61 2 9262 1298
In person	
ACT	L10, 60 Marcus Clarke Street, Canberra
NSW	33 Erskine Street, Sydney
Qld	L32, Central Plaza One, 345 Queen Street, Brisbane
SA	Westpac Building, L29, 91 King William Street, Adelaide
Vic	L3, 600 Bourke Street, Melbourne
WA	Ground Floor, BGC Building, 28 The Esplanade, Perth

OR

**Submit
by
email**

Click the **'Submit by email'** button to email this form to transactions@charteredaccountants.com.au

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

Web	charteredaccountants.com.au
Phone	
Australia	1300 137 322
Overseas	+61 2 9290 5660
Email	service@charteredaccountants.com.au
Fax	+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/privacy_policy

ABN 50 084 642 571 The Institute of Chartered Accountants in Australia Incorporated in Australia Members' Liability Limited. FORMS_CT-16 (08/11)

The Institute of Chartered Accountants in Australia
Mentor's final report

Please fill in your **Identification Number**, if known (please use a **BLACK** pen)

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Please complete sections (1 – 3) below, and return the form to the Institute's office (see section 4 for contact details).
Please print in BLOCK LETTERS. Note: Mentors and candidates should retain a copy of this signed final report for their records.

Section 1 – Candidate / Mentor details

Mentor's name Identification Number

Candidate's name

Company name Date of final sign-off meeting

Start / End date for the three-year Practical Experience Component of Chartered Accountant Pathway: Start date End date

Section 2 – Candidate competency requirements

Please select either option A or B from below:

Option A:
Candidates completed the Institute's activity log
I verify this candidate has developed 100% competencies in one of the following areas or across two or more of the following areas (enter the % coverage in the areas that apply):

Areas of accounting and finance	% of competencies demonstrated
Financial accounting and reporting	
Management accounting and control	
Taxation	
Business and commercial law	
Audit and assurance	
Finance and financial management	

I verify this candidate has also developed the required level of competence in the following:

Competencies	
Organisational and business areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information technology	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional skill	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional values, ethics and attitudes	<input type="checkbox"/> Yes <input type="checkbox"/> No

OR

Option B:
Employer recognised in-house appraisal system
I verify this candidate has also developed the required level of competence in the following: Yes No

Section 3 – Declaration

In my opinion the candidate fulfils the **Practical Experience requirements** for membership of the Institute of Chartered Accountants in Australia. This endorsement applies to the Practical Experience Component of the Chartered Accountant Pathway and is not to be used as a general reference.
I declare that the information I have given in this form is complete, correct and up-to-date.

Mentor's name

Signature

Date

Section 4 – Submitting the final report form

Please return the **completed** final report form to:

Mail Institute Service Centre
The Institute of Chartered Accountants in Australia
GPO Box 9985, Sydney 2001 Australia

Fax +61 2 9262 1298

OR

Submit by email Click the **'Submit by email'** button to email this form to transactions@charteredaccountants.com.au

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

Web charteredaccountants.com.au

Phone 1300 137 322 (Australia wide)

Email service@charteredaccountants.com.au

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