

## Application by an

# Accounting Academic for Membership

Please use this form if you are an **Accounting Academic** seeking admission to Chartered Accountants Australia and New Zealand (CA ANZ) as a **Full Member**. Consideration of your application can take up to six weeks. Please provide all the information and documentation required as an incomplete application will not be considered.

Once completed, please return the form to the Chartered Accountants Australia and New Zealand (see **page 4** for details).

## Section 1 – Membership type

Chartered Accountant (CA)     Accounting Technician (AT) (NZ only)

## Section 2 – Applicant's details

Title     Mr     Mrs     Miss     Ms     Other (please specify)

Given name/s (in full)     Surname

Preferred name     Previous surname (in applicable)

Date of birth  /  /   
(DD/MM/YYYY)    Gender     Male     Female

## Section 3 – Contact details

### Residential contact details

Street address     Suburb/City

State     Postcode     Country

Email

Phone      Mobile

### Mailing contact details (if different to above)

Company name (if applicable)

Position title

Postal address     Suburb/City

State     Postcode     Country

Email

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## Section 4 – Tertiary qualifications

Please confirm the following: (by checking the box beside each statement)

- I hold a qualification in Accounting or a related subject that is recognised as equivalent to a Doctorate or Master's level qualification in New Zealand or Australia.
- I have attached a certified copy of the original degree certificate(s) and/or full academic transcripts.

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## Section 5 – Academic employment history

Please confirm the following: (by checking the box beside each statement)

- I am currently employed at lecturer level or above and have been for at least five years, by one or more recognised universities or other higher education providers in Australia or New Zealand.
- I have attached a copy of my current CV outlining my academic employment history.

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## Section 6 – References

You must provide **two references**, each completed by a different person. The two reference forms that include the criteria are attached to this form (pages 5-8).

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## Section 7 – Bankruptcy, crimes, offences and disciplinary action

A positive answer to any of the questions in this section will not automatically result in a declined application. Each case will be considered individually on its merits. Details will be kept confidential.

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Have you ever been before any court of law in any jurisdiction in Australia, New Zealand, or elsewhere and pleaded guilty to, or been found guilty of, any criminal offence which has not been set aside on appeal, or is a criminal charge pending against you?  Yes  No

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Are you presently, or have you ever been adjudged bankrupt or made an assignment for the benefit of your creditors? (if applying for NZ membership)  Yes  No

or

Have you executed an authority under Part X of the *Bankruptcy Act 1966*? (if applying for Aus membership)

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Are you, or have you ever been prohibited by the Registrar of Companies from managing a company? (if applying for NZ membership)

or

Are you presently, or have you been subject to a notice not to manage a corporation as provided in Part 2D.6 of the *Corporations Act 2001*, or been refused registration for any of the registrations identified in CR2? (if applying for Aus membership)  Yes  No

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Are you, or have you ever been subject to disciplinary proceedings by a Tertiary Education Institution?  Yes  No

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Are you, or have you ever been subject to disciplinary proceedings by a statutory, regulatory, professional, or other body in respect of your professional capacity?  Yes  No

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## Section 8 – Privacy statement

By providing personal information to us in this form you consent to Chartered Accountants ANZ (CA ANZ):

- (a) Disclosing to third parties your (current or former) status as a member or candidate of CA ANZ;
- (b) Disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by CA ANZ's Professional Conduct bodies; and
- (c) Collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious beliefs or affiliation, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one or more of the functions or activities of CA ANZ.

We collect, use and disclose your personal information in connection with your application, the management and administration of members and/or programs, the provision of products and services and/or to communicate with you.

If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC and other regulators and government bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing your information for promotional and marketing purposes. You can opt-out or change your communication preferences by contacting us at [privacy@charteredaccountantsanz.com](mailto:privacy@charteredaccountantsanz.com) or on 1300 137 322 in Australia or 0800 469 422 in New Zealand. We may also have collected information about you from a third party, for instance from other professional bodies with which we have reciprocal arrangements. Your information will also be used and disclosed as set out in CA ANZ's Privacy Policy, available at [www.charteredaccountantsanz.com/privacy-policy](http://www.charteredaccountantsanz.com/privacy-policy).

It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how CA ANZ handles your personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with as well as details about the disclosure of your information to entities overseas.

This Privacy Statement also applies to and is adopted by the New Zealand Institute of Chartered Accountants (NZICA). NZICA may collect, store, use and disclose your personal information in the performance of its regulatory functions

under the New Zealand Institute of Chartered Accountants Act 1996 (NZ) in accordance with this Privacy Statement.

CA ANZ is formed in Australia. Our members are not liable for our debts and liabilities.

I have read, understood and agree to and consent to the CA ANZ Privacy Policy and the Privacy Collection Statement above.

### Additional Provisions for EU data subjects

The following additional provisions apply to you if the (EU) 2016/679 General Data Protection Regulation (GDPR) applies to you. GDPR will apply to you if you are or become a resident of the member states of the EU, Norway, Iceland and Liechtenstein (EU data subjects).

**Lawful grounds:** Under the GDPR, we are permitted to process your information for the purposes described above, by relying on one or more of the following lawful grounds: (a) you have explicitly agreed that we may process your information for a specific reason; (b) the processing is necessary to perform the agreement we have with you or to take steps to enter into an agreement with you; (c) the processing is necessary for us to comply with our legal obligation; or (d) the processing is necessary for our legitimate interests, which include: (i) to protect our business interests; (ii) to ensure that complaints, including complaints about member conduct, are appropriately investigated; (iii) to evaluate, develop or improve our products and services; or (iv) to keep our members informed of relevant products and services, unless you indicate that you do not wish us to do so. We generally rely on your specific consent to process special categories of personal data (i.e., 'sensitive information'). However, in some cases (for example, relating to an alleged offence), we may need to use some of that information to comply with our legal obligations.

**Withdrawing your consent:** Where you have consented to our processing of your information (including special categories of personal data), you may withdraw your consent at any time. To do so, contact us using the details set out in our Privacy Policy. In some cases we may lawfully continue to process your information even after you withdraw your consent, by relying on the legal bases described above. Other important information such as transferring your personal data outside the European Economic Area information, your specific GDPR rights over your personal data and how and when we retain and destroy your personal data is explained in our Privacy Policy.

We would like to send you relevant marketing materials about our products, services, activities and events. Please tick this box if you are happy for us to send such direct marketing materials by post and electronic means. You can opt-out at any time by following the directions set out in the Privacy Statement and Privacy Policy.

## Section 9 – Declaration

The information you provide in this application is covered by this declaration. Please indicate your consent and acceptance of these undertakings (by signing below):

I, \_\_\_\_\_ the undersigned, in making this application declare that:  
(print name)

- I acknowledge that in completing this form or applying for membership (as the case may be), if I am resident in, or practice the profession of accountancy in, New Zealand at any time, in addition to my CA ANZ membership, I will also be admitted as a member of the New Zealand Institute of Chartered Accountants (**NZICA**) and subject to the regulatory requirements applicable to members in New Zealand, available [here](#).
- I have read and agree to be bound by Chartered Accountants ANZ's Supplemental Royal Charter, By-Laws and Regulations (and the NZICA Act and NZICA Rules to the extent they apply to me), all applicable Codes of Ethics, guidelines and any documents prescribing any ruling on the standards or practice and professional conduct, including the technical standards, as required by CA ANZ and NZICA (if applicable).
- I agree to abide by the lawful decisions of the Chartered Accountants ANZ Board and NZICA Regulatory Board (if applicable) and any Regional or Local Council, Professional Conduct body, Standing or other Committees or Officer of CA ANZ or NZICA (if applicable) who may, in accordance with the Supplemental Royal Charter or the By-Laws, NZICA Act or NZICA Rules (if applicable) have delegated functions or powers to make lawful decisions.
- In consideration of Chartered Accountants ANZ's and NZICA's (if applicable) evaluation of my suitability for Chartered Accountants ANZ and (if applicable) NZICA membership, I understand and agree that confirmation of my responses will be sought.
- I understand that these checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s). If CA ANZ or NZICA collect any 'sensitive information' (as defined in applicable privacy laws) about me, I understand such sensitive information will only ever be used to the extent that it is reasonably necessary for one or more of the functions or activities of Chartered Accountants ANZ and/or NZICA (as applicable) or as otherwise permitted under applicable laws.

### Please sign and date

Signature

Date   
(DD/MM/YYYY)

## Section 10 – Submitting your application

### How to submit your form

Please return your completed form to:

**Email** [assessment@charteredaccountantsanz.com](mailto:assessment@charteredaccountantsanz.com)

### Any questions

For further enquiries or additional information please contact the Member Admission and Pathways Team on:

**Email** [assessment@charteredaccountantsanz.com](mailto:assessment@charteredaccountantsanz.com)

**Phone** **Australia**

1300 137 322 or +61 2 9290 5660 (outside of Australia)  
7am–7pm (AEST), Monday–Friday (excl. Public Holidays)

**New Zealand**

0800 4 69422 or +64 4 474 7840 (outside of NZ)  
9am–9pm (NZ time), Monday–Friday (excl. Public Holidays)

### Assessor checklist (Office use only):

Qualification acceptable

Bankruptcy, crimes, offences and disciplinary action acceptable

References acceptable

Experience acceptable

Declaration signed and dated

## Application by an Accounting Academic for Membership

# Member reference form

The person completing this reference must **not be related** to the applicant and must have been a **member** of Chartered Accountants Australia and New Zealand or a recognised professional body for three (3) years. A recognised professional body being any GAA body Chartered Accountants Australia and New Zealand has a current Reciprocal Membership Agreement with.

**Note:** this reference must be signed and dated **within three months** of the date the application is submitted.

## Section 1 – Applicant’s details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Surname	<input type="text"/>
Membership number	<input type="text"/>					

## Section 2 – Referee’s details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Surname	<input type="text"/>
Professional accounting body with which current full membership is held	<input type="text"/>					
Membership number	<input type="text"/>	Designation	<input type="text"/>	Date admitted	<input type="text"/> / <input type="text"/> / <input type="text"/>	<small>(DD/MM/YYYY)</small>
Company name	<input type="text"/>					
Position title	<input type="text"/>					
Company street address	<input type="text"/>			Suburb/City	<input type="text"/>	
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>	
Email	<input type="text"/>					
Preferred phone number	<input type="text"/>	<input type="text"/>				

Continued overleaf >

## Section 3 – Declaration

I support and recommend the above mentioned applicant for membership of Chartered Accountants ANZ. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants Australia and New Zealand. I confirm that I am not related to the applicant, and that all the information supplied above is true.

### Please sign and date

Signature

Date

  
(DD/MM/YYYY)

### For assistance in completing the form, please contact us on:

**Email** [assessment@charteredaccountantsanz.com](mailto:assessment@charteredaccountantsanz.com)

**Phone Australia**

1300 137 322 or +61 2 9290 5660 (outside of Australia)  
7am-7pm (NZ time) Monday – Friday (excl. Public Holidays)

**New Zealand**

0800 4 69422 or +64 4 474 7840 (outside of NZ)  
9am-9pm (NZ time) Monday – Friday (excl. Public Holidays)

### Office use only:

Full member for 3 years     Declaration signed and dated     Dated within 3 months of application

## Application by an Accounting Academic for Membership

# Professional reference form

The person completing this reference must **not be related** to the applicant. They must be a Chartered Accountant (CA), who is different to the person used as a member reference, who has worked with the applicant for a minimum of 12 months. An acceptable alternative would be a CA of a GAA body Chartered Accountants Australia and New Zealand has a current Reciprocal Membership Agreement with or their Dean or Head of School.

**Note:** this reference must be signed and dated **within three months** of the date the application is submitted.

### Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Surname	<input type="text"/>
Membership number	<input type="text"/>					

### Section 2 – Referee's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Surname	<input type="text"/>
Professional accounting body with which current full membership is held	<input type="text"/>					
Membership number	<input type="text"/>	Designation	<input type="text"/>	Date admitted	<input type="text" value="/ /"/>	<small>(DD/MM/YYYY)</small>
Company name	<input type="text"/>					
Position title	<input type="text"/>					
Company street address	<input type="text"/>			Suburb/City	<input type="text"/>	
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>	
Email	<input type="text"/>					
Preferred phone number	<input type="text"/>	<input type="text"/>				

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## Section 3 – Declaration

I support and recommend the above mentioned applicant for membership of Chartered Accountants ANZ. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants Australia and New Zealand. I confirm that I am not related to the applicant, that I have worked with the applicant for 12 months or more and that all the information supplied above is true.

### Please sign and date

Signature

Date

  
(DD/MM/YYYY)

### For assistance in completing the form, please contact us on:

**Email** [assessment@charteredaccountantsanz.com](mailto:assessment@charteredaccountantsanz.com)

**Phone Australia**

1300 137 322 or +61 2 9290 5660 (outside of Australia)  
7am-7pm (NZ time) Monday – Friday (excl. Public Holidays)

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9am-9pm (NZ time) Monday – Friday (excl. Public Holidays)

### Office use only:

Full member for 3 years     Declaration signed and dated     Dated within 3 months of application