

Accounting Technician Supervised Practical Experience form

This form should be completed by the **AT Supervised Practical Experience supervisor** (who needs to be either a full Chartered Accountant (CA), Associate Chartered Accountant (ACA), or Accounting Technician (AT)) to verify the Practical Experience undertaken by a provisional AT member. This form must be uploaded upon application for full AT membership.

Section 1 – Applicant's details

Title	Mr Mrs Miss Ms Other (please specify)
Given name/s (in full)	Family name
Membership number	

Section 2 - Supervisor's declaration

I verify that this applicant has met the AT Supervised Practical Experience Logbook requirements. This includes; required reporting requirements, time period requirements and competency requirements.

Title	Mr Mrs Miss Ms O	ther (please specify)	
Given name/s (in full)		Family name	
Member body	CA ANZ Full AT		
	CA ANZ Full ACA CA ANZ Reciprocal Member (please specify)		
Member number			
Please sign and date			
Supervisor's signature		Date / / (DD/MM/YYYY)	
For assistance in completing the form, please contact us on:			
Email <u>service@ch</u>	arteredaccountantsanz.com		
	22 or +61292905660 (outside of Australia) ST), 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)	

Copyright © 2023 Chartered Accountants Australia and New Zealand. All rights reserved. ABN 50 084 642 571. This document contains general information only. Details in this document were accurate at the time of printing but are subject to change without notice. No warranty is given as to the accuracy of the information in this document. This document is subject to our full terms and conditions, available at www.charteredaccountantsanz.com MKT-0000244_Nov23