

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 Other (please specify)

Given name/s (in full) Family name

Member body CA ANZ Full AT
 CA ANZ Full CA
 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 service@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)