

# Certificate of Acceptable Practical Experience

*To accompany an application for a Certificate of Public Practice by a New Zealand resident member*

Applicant Member Identification Number (if known)

Please complete all sections of this form.

## Section 1 – Employer/Manager/Senior – CA details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other <a href="#">→</a>	<input type="text"/>
Given name/s	<input type="text"/>						
Family name	<input type="text"/>						
Designation	<input type="text"/>					Member ID	<input type="text"/>
Name of Practice	<input type="text"/>						
Position title	<input type="text"/>						
Postal address	<input type="text"/>						
City	<input type="text"/>					Postcode	<input type="text"/>
Email address	<input type="text"/>						
Phone (wk)	<input type="text"/>	<input type="text"/>	Mobile		<input type="text"/>	<input type="text"/>	

## Section 2 – Applicant details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other <a href="#">→</a>	<input type="text"/>
Given name/s	<input type="text"/>						
Family name	<input type="text"/>						

## Section 3 – Relationship with Applicant

Is the applicant related to you?  Yes  No

How long have you known the applicant?

Working relationship with the applicant during the period of employment

**Section 4 – Experience covered by the form**

Period of employment  /  to  /  Position held by the applicant

Full time  Part time

Practice name

Practice address

City  Postcode

**Practical experience undertaken**

**1. Nature of Accounting Services.**

Please describe the nature of the accounting services that the applicant has undertaken during the period of employment.

**2. Seniority of applicant**

Please describe the level/seniority at which the applicant has been working. Please comment on this in terms of involvement in determining client needs, developing solutions or processes to meet those needs, and assessing the effectiveness of solutions or processes developed.

**3. General skills**

Please describe the level at which the applicant can demonstrate the skills listed below:

	High	Medium	Low
	please tick as appropriate		
Ability to form independent opinions			
Preparing and reviewing work papers			
Applying legal and regulatory requirements			
Risk management processes and risk analysis			
Self and stress management			
Negotiation			
Billing practices			
Client management			

General comment(s) and description of the applicant's general skills

4. Professional and ethical attributes.

Please describe the applicant's awareness and appreciation of the principles of the Code of Ethics (ie integrity, objectivity, professional competence and due care, confidentiality and professional behaviour).

**Section 5 – Additional Information**

Is there any additional information about the applicant that you are aware of that needs to be disclosed to NZICA for this application?  Yes  No

If yes, please provide details below:

**Section 6 – Privacy Statement, Declaration and undertakings by practice entity representative (all applicants to complete)**

**PRIVACY STATEMENT**

New Zealand Institute of Chartered Accountants (NZICA or we) is a body corporate established under the New Zealand Institute of Chartered Accountants Act 1996 (NZ). NZICA collects, holds, uses and discloses personal information (as defined in applicable legislation) about you in accordance with the privacy policy of Chartered Accountants Australia and New Zealand (CA ANZ) available at <http://www.charteredaccountants.com.au/privacy> (CA ANZ Privacy Policy).

Some of the personal information we collect comprises 'sensitive information' (as defined in applicable legislation) including information relating to membership of a trade or professional association or union, criminal records, health or other sensitive information to the extent that it is reasonably necessary for one or more of the functions or activities of NZICA.

NZICA collects your personal information to fulfil its statutory role in regulating the professional conduct of CA ANZ members resident in New Zealand. If you do not provide personal information, we may not be able to process the applicants application for a Certificate of Public Practice.

NZICA and CA ANZ may disclose personal information to each other and each of our respective agents, contractors and service providers (such as where we outsource functions to third parties), to local and international professional bodies and other regulators and government and statutory bodies in New Zealand and Australia. We may also collect information about individuals from a third party (such as other professional bodies with which we have reciprocal arrangements). It is likely that personal information will be disclosed to overseas recipients as provided in the CA ANZ Privacy Policy. The CA ANZ Privacy Policy also sets out how you can seek to access and correct your personal information or raise a privacy concern or complaint and how it will be dealt with as well as details about the disclosure of your personal information to entities overseas.

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.

I declare that the information provided in this form is true and correct and agree to produce such further detail and information in relation to this reference as may be required.

Signature

Date

Full name

## EXPLANATORY NOTES

### Acceptable practical experience

To meet the requirements of Rule 10.9(d) of the NZICA Rules, the applicant must have completed two years' acceptable practical experience while a full member holding the CA designation.

**Acceptable practical experience must have been within two of the last seven years preceding the application and must be verified by an individual in a position to attest to the applicant's competence (based on workplace evidence), such as a CPP holder, CA in a senior role, employer or manager.**

It is preferable that this experience is gained in a public practice environment. However, experience may also be undertaken in non-public practice environments, such as corporate or public sectors.

The range of practical experience that may be considered acceptable is wide and is not restricted to the areas listed in Paragraph 1.1 of Appendix IV of the NZICA Rules. However, the experience must demonstrate competence in the services that are to be provided by the applicant.

Acceptable practical experience may include, but is not limited to, experience that falls within the following fields:

- Management accounting
- Financial accounting and external reporting
- Taxation
- Treasury and business finance
- Audit and assurance
- Insolvency and reconstructions
- Investment analysis
- Business valuation
- Financial planning and advice
- Accounting information systems
- General business advisory work

Practical experience from other areas will be considered on its own merits.

### Use of this form

The information and opinion you provided will be used by the New Zealand Institute of Chartered Accountants to assess the suitability of the applicant for a Certificate of Public Practice. In particular we seek to confirm that the applicant is sufficiently capable of adhering to the high standard required by the professional and ethical standards including the Code of Ethics.

### Submission of this form

Please return to applicant to submit with application

### Further Information

If you wish to submit this application or have any queries, please contact

Email: [service@charteredaccountantsanz.com](mailto:service@charteredaccountantsanz.com)

Telephone: 0800 469 422

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