

Application for Admission as a Provisional Member and Assessment of Competence

Use this form if you are applying for **provisional membership** via an Assessment of Competence.

Provisional Members Provisional members cannot offer accounting services to the public (including bookkeeping). If you are unsure if this applies to your circumstances, please contact us before you apply.

Full Accounting Technician (AT) Members Full Accounting Technician (AT) members can offer accounting services to the public up to a pre-determined threshold. For further information please refer to our website.

There are two main parts to this application. Complete and submit **PART 1: Admission as a Provisional Member Application** first, to allow processing of your application to take place while you complete **PART 2: Assessment of Competence Application**. Alternatively you may choose to submit the complete application. (Please indicate which part/s of the application you will be submitting, by checking the box beside it).

PART 1: Admission as a Provisional Member Application (Sections 1–7)
Complete and submit to assessment@charteredaccountantsanz.com prior to completing the *Assessment of Competence Application*.

PART 2: Assessment of Competence Application (Sections 8–9)
Once you are approved as a provisional member you will need to complete an Assessment of Competence and the Professional Ethics (PETH) course within 12 months. Complete and submit to assessment@charteredaccountantsanz.com.

Complete this form online, as it calculates a total number of criteria met for each competency. An Overall Assessment Rating can then be calculated on the Results Summary page.

The **Information Notes** attached to the back of this form will assist you in completing your application. **Please read them carefully.**

PLEASE READ: It is ESSENTIAL this PDF is opened in Acrobat Reader 9 (or later version) – other PDF software, like 'Nitro Pro' or 'Acrobat Professional' including all 'Web browsers' native PDF reader, may damage or corrupt embedded data, rendering the form unusable.

PART 1 – Admission as a Provisional Member Application

Section 1 – Personal information (refer Note 1 of guide)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First name/Surname	<input type="text"/>								
Preferred first name (if different to formal)	<input type="text"/>			Previous surname (if applicable)	<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>								
Current employer	<input type="text"/>								

BUSINESS CONTACT DETAILS (if applicable) Preferred mailing address Preferred billing address

Street address

City/Town

Postcode

Country
(other than NZ)

Phone

Mobile

Email

 Preferred email**HOME CONTACT DETAILS** Preferred mailing address Preferred billing address

Street address

City/Town

Postcode

Country
(other than NZ)

Phone

Mobile

Email

 Preferred email**Section 2 – Employment history summary**

List your Accounting Technician or relevant work history in chronological order with the most recent first (NOTE: If insufficient space, copy this page and attach to this form).

CURRENT EMPLOYMENT**CV reference no. 1**Commencement of
employment (mm/yy) /

Organisation name

Position title

Key responsibilities, activities undertaken, major achievements and/or projects. These should relate to your Assessment of Competence description.

PREVIOUS EMPLOYMENT**CV reference no. 2**Duration of
employment (mm/yy) /

to

 /

Organisation name

Position title

Key responsibilities, activities undertaken, major achievements and/or projects. These should relate to your Assessment of Competence description.

CV reference no. 3

Duration of employment (mm/yy) / to / Organisation name

Position title

Key responsibilities, activities undertaken, major achievements and/or projects. These should relate to your Assessment of Competence description.

CV reference no. 4

Duration of employment (mm/yy) / to / Organisation name

Position title

Key responsibilities, activities undertaken, major achievements and/or projects. These should relate to your Assessment of Competence description.

PLEASE NOTE: Use the **CV reference numbers** when filling out your Assessment of Competence application (**PART 2**).

Section 3 – Assessment of Competence Application (refer Note 2 of guide)

Once you are approved as a provisional member you will need to complete an *Assessment of Competence Application* (Sections 8–9) and the Professional Ethics (PETH) course within 12 months.

I confirm that I have the following:

- Referee to verify at least 5 years (60 months) of the relevant practical experience that appears on my **Employment history summary**.
- CA ANZ member to review my *Assessment of Competence Application* and complete the member declaration. **Important note:** Where your Referee is a full CA ANZ member a separate declaration is not required (refer Note 2 of the guide).

In addition I will:

- Submit Sections 8–9 *Assessment of Competence Application* and complete the Professional Ethics course within 12 months of becoming a provisional member.

Section 4 – Bankruptcy, crimes, offences and disciplinary action (refer Note 3 of guide)

Please read information Note 3 before answering the following questions:

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

Are you presently or have you ever been adjudicated bankrupt, made a compromise, composition or arrangement with your creditors or, if applying for NZ membership, been admitted to the no asset procedure under the Insolvency Act 2006 (NZ)? Yes No

Are you, or have you ever been subject to disciplinary proceedings by a statutory, professional, or other body (including Chartered Accountants Australia and New Zealand or the New Zealand Institute of Chartered Accountants) in respect of your professional capacity? Yes No

Are you, or have you ever been, subject to disciplinary proceedings by a tertiary education institution? Yes No

Section 5 – Declaration (refer Note 4 of guide)

I declare that:

- 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 Chartered Accountants Australia and New Zealand (**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](https://www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/new-zealand-regulations) (https://www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/new-zealand-regulations).
- I have read and agree to be bound by CA 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 CA 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 CA ANZ's and NZICA's (if applicable) evaluation of my suitability for CA 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 CA ANZ and/or NZICA (as applicable) or as otherwise permitted under applicable laws.

Signature

Full name

Date

Section 6 – Privacy Statement

PRIVACY STATEMENT

Privacy is important to Chartered Accountants Australia and New Zealand (ABN 50 084 642 571) (**CA ANZ**), and its subsidiaries (each CA ANZ, we, us or our). We collect, use and disclose personal information about the information you provide in this application for the purpose of assessing and processing your provisional membership, for the management and administration of your provisional memberships and/or programs, for the provision of products and services to you, and to otherwise communicate with or manage our relationship with you. If you do not provide the information requested by us, we may not be able to process or complete your application for provisional membership.

We will also use and disclose personal information (including sensitive information) as set out in our Privacy Policy, available at www.charteredaccountantsanz.com/privacy. It is likely that personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). Our Privacy Policy sets out how CA ANZ handles 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.

By completing this form, unless you opt-out, you consent to us using and disclosing your personal information for promotional and marketing purposes. You can opt-out or change your communication preferences by contacting us at privacy@charteredaccountantsanz.com or on 1300 137 322 in Australia or 0800 469 422 in New Zealand.

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 CA ANZ's Privacy Policy and the important information contained in the Privacy 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 7 – Payment details (refer note 5 of guide)

FEES PAYABLE

Provisional Membership Application fee (incl. GST) NZD\$

Any variation to the total amount due, please explain below:

PAYABLE BY

Amex Diners Mastercard Visa

Cardholder's name

Card number

Expiry date /

Cardholder's signature

PART 1 is now complete. Please check that you have fully completed **Sections 1 – 7**.
You may apply for provisional membership now by emailing **PART 1** of your application to assessment@charteredaccountantsanz.com
NOTE: Consideration of your application can take **up to 4 weeks**.

PART 2 – Assessment of Competence Application

The next step is to complete an Assessment of Competence Application.

This involves collating an Evidence portfolio that includes sufficient work or training evidence to demonstrate your competence to your Referee (manager or supervisor). The Referee must be a person you are currently working for or have worked for in the past, and they must be able to verify at least 5 years (60 months) of the relevant practical experience that appears on your **Employment history summary**. They will have direct knowledge of your work.

NOTE: If your Referee is not a CA ANZ member (AT, ACA or CA) you will need a CA ANZ member to review your Assessment of Competence application by completing a separate CA ANZ member declaration.

Work your way through the sections and identify the best examples and evidence you can provide for each topic. Make sure that you also cross-reference the evidence back to your **Employment history summary**.

You can use a number of different types of evidence to demonstrate your competence; for example, training, a letter, Excel spreadsheet, report or witness testimony.

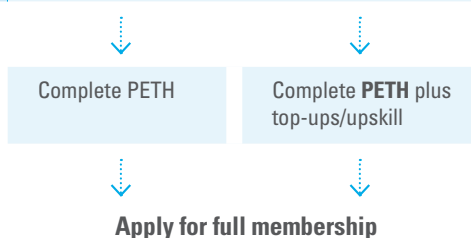
Please note that we do not need to sight the physical evidence of your competence as we understand that this is confidential to your organisation. However, you should keep a copy of your **Evidence portfolio** for 2 years so that it may be audited if required by Chartered Accountants Australia and New Zealand.

SUMMARY OF REQUIREMENTS

Read over the summary of requirements and the assessment criteria for each competence area before commencing.

LEVEL OF COMPETENCY AREAS		PROVISIONAL MEMBERSHIP		
ESSENTIAL	<ul style="list-style-type: none"> Basic Costing Computerised Accounting Processing Book-keeping transactions Control accounts, journals and the banking system 	All Essential competencies must be met Self-assessment		
INTERMEDIATE	11 COMPETENCY AREAS <ul style="list-style-type: none"> Accounts Preparation Prepare Final Accounts for Sole Traders and Partnerships Costs and revenues Indirect tax Spreadsheet software. 	FULLY COMPETENT If you have achieved at least 9 out of 11 competency areas.	COMPETENT Meet minimum competency requirements if you have achieved 6, 7, or 8 out of 11 competency areas. Upskill to achieve 9 competency areas by studying 1 to 3 top-up units or through on-the job development .	BELOW REQUIREMENT NOTE: If you have achieved 5 or less INTERMEDIATE and ADVANCED competency areas you will be assessed as Below Requirement , based on your experience/training. Enrol in the Vocational pathway or the Academic pathway to gain an accounting qualification. Refer to charteredaccountantsanz.com/at
ADVANCED	<ul style="list-style-type: none"> Financial statements Budgeting Financial performance Internal controls and accounting systems Business tax Personal tax 			
NON-TECHNICAL COMPETENCIES		All Non-technical competencies must be met Referee to assess		

ADDITIONAL FULL MEMBERSHIP REQUIREMENTS



TOP-UP STUDY OR WORKPLACE TRAINING AND DEVELOPMENT

Where applicants are assessed as Competent, having achieved 6, 7 or 8 competency areas, further training is required before applying for full membership. Once you have submitted PART 2: Assessment of Competence application to Chartered Accountants Australia and New Zealand and your application has been processed, we will confirm whether you have any competency gaps requiring further development.

You may choose to either:

- Undergo workplace training to gain the relevant knowledge and skills, or
- You can undertake further study.

As the Assessment of Competence is based on the AAT Diploma in Accounting qualification, there are specific unit(s) that cover each of the competency areas. By having study options available, you can continue working in your current role while gaining the knowledge and skills.

How many top-up units or competency gap areas will I need to upskill in? If you:

- Achieve 6 competency areas through experience or training, you are required to complete Professional Ethics (PETH) and upskill in 3 competency gap areas/top-ups before applying for full membership.
- Achieve 7 competency areas through experience or training, you are required to complete PETH and upskill in 2 competency gap areas
- Achieve 8 competency areas through experience or training, required to complete PETH and upskill in 1 competency gap area.

For example if you achieved 6 competency areas, you will need to complete PETH and upskill in 3 competency gap areas (to achieve 9 out of 11 competencies) before applying for full membership. You can choose to upskill in any three of your INTERMEDIATE and ADVANCED competency gap areas.

ESSENTIAL COMPETENCY AREAS (Learning Outcomes: Self Assessment Checklist)

Please indicate with each learning area that you understand the principles and can carry out the activities for each knowledge area.

ASSUMED KNOWLEDGE AREAS

PLEASE TICK

Basic costing	Understand the cost recording system within an organisation and be able to use the cost recording system to record or extract data. Use spreadsheets to provide information on actual and budgeted income and expenditure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computerised accounting	Enter accounting data at the beginning of an accounting period, record customer and supplier transactions. Record and reconcile bank and cash transactions and use journals to enter accounting transactions. Produce reports and maintain the safety and security of data held in the computerised accounting system.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Processing book-keeping transactions	Understand the principles of processing financial transactions and the double entry book-keeping system including discounts. Prepare and process financial documentation for customers, process supplier invoices and credit notes and calculate payments. Maintain the cash book and petty cash records. Process ledger transactions and extract a trial balance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Control accounts, journals and the banking system	Understand the purpose and use of control accounts and journals. Maintain and use control accounts and use the journal. Reconcile a bank statement with the cash book. Understand the banking process and retention and storage requirements relating to banking documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		TOTAL <input type="text"/>
All competencies must be met (for the above): 4 / 4 →		<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS:

INTERMEDIATE COMPETENCY AREAS

The candidate will need to demonstrate competence in this area by performing relevant tasks in the workplace or through training. Please provide details. To achieve competence in any one competency area, the majority of the assessment criteria must be met.

<p>ACCOUNTS PREPARATION</p> <p>Applicant to provide details below to demonstrate competence:*</p>	<p>Organisation name <input type="text"/></p> <p>CV ref no. <input type="text"/></p>																								
<p>NOTE: NZ Dip Bus Accounting Practices or equivalent degree level study is suitable training evidence to fully meet this competency area.</p> <p>* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<table border="1"> <thead> <tr> <th>ASSESSMENT CRITERIA (to be completed by Referee)</th> <th>COMPETENT Y/N</th> </tr> </thead> <tbody> <tr> <td>Understand generally accepted accounting principles and concepts</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Understand the principles of double entry book-keeping</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Understand the accounting methods used to record non-current assets</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Account for the purchase of non-current assets</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Account for depreciation</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Account for the disposal of non-current assets</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Account for adjustments</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Prepare and extend the trial balance</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL <input type="text"/></td> </tr> <tr> <td colspan="2">Minimum Assessment Criteria to be met (for the above): 5 / 8 →</td> </tr> <tr> <td colspan="2"> <p>Referee name <input type="text"/></p> <p>Signature <input type="text"/></p> <p>REFeree SUPPORTING COMMENTS:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </td> </tr> </tbody> </table>	ASSESSMENT CRITERIA (to be completed by Referee)	COMPETENT Y/N	Understand generally accepted accounting principles and concepts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Understand the principles of double entry book-keeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Understand the accounting methods used to record non-current assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account for the purchase of non-current assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account for depreciation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account for the disposal of non-current assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account for adjustments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prepare and extend the trial balance	<input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL <input type="text"/>		Minimum Assessment Criteria to be met (for the above): 5 / 8 →		<p>Referee name <input type="text"/></p> <p>Signature <input type="text"/></p> <p>REFeree SUPPORTING COMMENTS:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
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PREPARE FINAL ACCOUNTS FOR SOLE TRADERS AND PARTNERSHIPS
Applicant to provide details below to demonstrate competence:*

NOTE: **NZ Dip Bus Accounting Practices** or equivalent degree level study is suitable training evidence to fully meet this competency area.

* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.

Organisation name CV ref no.

ASSESSMENT CRITERIA (to be completed by Referee)	COMPETENT Y/N
Understand the need for, and the process involved in, the preparation of final accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepare accounting records from incomplete information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Produce final accounts for sole traders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand the legislative and accounting requirements for partnerships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepare a statement of profit or loss appropriation account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepare a statement of financial position relating to a partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL <input type="text"/>
Minimum Assessment Criteria to be met (for the above): 4/6 ----->	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee name

Signature

REFEREE SUPPORTING COMMENTS:

COSTS AND REVENUES
Applicant to provide details below to demonstrate competence:*

NOTE: **NZ Dip Bus 200-level (level 6) Management Accounting** or equivalent degree level study is suitable training evidence to fully meet this competency area.

* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.

Organisation name CV ref no.

ASSESSMENT CRITERIA (to be completed by Referee)	COMPETENT Y/N
Understand the nature and role of costing systems within an organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record and analyse cost information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apportion costs according to organisational requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Analyse deviations from budget and report these to management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be able to use information gathered from costing systems to assist decision-making	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL <input type="text"/>
Minimum Assessment Criteria to be met (for the above): 3/5 ----->	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee name

Signature

REFEREE SUPPORTING COMMENTS:

INDIRECT TAX

Applicant to provide details below to demonstrate competence:*

NOTE: **NZ Dip Bus 200-level (level 6) NZ Taxation** or equivalent degree level study is suitable training evidence to fully meet this competency area.

* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.

 Organisation name CV ref no.

ASSESSMENT CRITERIA (to be completed by Referee)	COMPETENT Y/N
Understand GST regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete GST returns accurately and in a timely manner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand GST penalties and make adjustments for previous errors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand the impact of GST on an organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL <input style="width: 50px;" type="text"/>	
Minimum Assessment Criteria to be met (for the above): 3 / 4 →	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee name Signature
 REFEREE SUPPORTING COMMENTS:
SPREADSHEET SOFTWARE

Applicant to provide details below to demonstrate competence:*

NOTE: **NZ Dip Bus Information Technology or Business Computing** or equivalent degree level study is suitable training evidence for this competency area.

* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.

 Organisation name CV ref no.

ASSESSMENT CRITERIA (to be completed by Referee)	COMPETENT Y/N
Use a spreadsheet to enter, edit and organise numerical and other data	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select and use appropriate formulas, data analysis tools and techniques to meet requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use tools and techniques to present, format and publish spreadsheet information	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL <input style="width: 50px;" type="text"/>	
Minimum Assessment Criteria to be met (for the above): 2 / 3 →	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee name Signature
 REFEREE SUPPORTING COMMENTS:

ADVANCED COMPETENCY AREAS

The evidence you provide must demonstrate that you have an understanding (knowledge) of the principles of each competency area as well as the skills to carry out the various activities. To achieve competence in any one competency area, the majority of the assessment criteria must be met.

FINANCIAL STATEMENTS	Organisation name <input type="text"/>	CV ref no. <input type="text"/>
Applicant to provide details below to demonstrate competence:*		
NOTE: NZ Dip Bus 200-level (level 6) Financial Accounting or equivalent degree level study is suitable training evidence to fully meet this competency area.		
* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.		
ASSESSMENT CRITERIA (to be completed by Referee)		COMPETENT Y/N
Understand the regulatory framework that underpins financial reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Understand the key features of a published set of financial statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Draft statutory financial statements for a limited liability company	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpret financial statements using ratio analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		TOTAL <input type="text"/>
Minimum Assessment Criteria to be met (for the above): 3/4 →		<input type="checkbox"/> Yes <input type="checkbox"/> No
Referee name	<input type="text"/>	
Signature	<input type="text"/>	
REFEREE SUPPORTING COMMENTS:		
<input type="text"/>		

BUDGETING	Organisation name <input type="text"/>	CV ref no. <input type="text"/>
Applicant to provide details below to demonstrate competence:*		
NOTE: NZ Dip Bus 200-level (level 6) Management Accounting or equivalent degree level study is suitable training evidence to fully meet this competency area.		
* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.		
ASSESSMENT CRITERIA (to be completed by Referee)		COMPETENT Y/N
Prepare forecasts of income and expenditure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prepare budgets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assess the impact of internal and external factors on budgets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use budgetary control to improve organisational performance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Report budgetary information to management in a clear and appropriate format	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		TOTAL <input type="text"/>
Minimum Assessment Criteria to be met (for the above): 3/5 →		<input type="checkbox"/> Yes <input type="checkbox"/> No
Referee name	<input type="text"/>	
Signature	<input type="text"/>	
REFEREE SUPPORTING COMMENTS:		
<input type="text"/>		

FINANCIAL PERFORMANCE	Organisation name <input type="text"/>		CV ref no. <input type="text"/>
Applicant to provide details below to demonstrate competence:*			
NOTE: NZ Dip Bus 200-level (level 6) Management Accounting or equivalent degree level study is suitable training evidence to fully meet this competency area.	ASSESSMENT CRITERIA (to be completed by Referee)		COMPETENT Y/N
* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other. <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	Collate and analyse cost information from various sources		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Be able to use standard costing to analyse performance		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Be able to use appropriate techniques to measure performance and manage costs		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Make suggestions for improving financial performance by monitoring and analysing information		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Prepare performance reports for management		<input type="checkbox"/> Yes <input type="checkbox"/> No
			TOTAL <input type="text"/>
	Minimum Assessment Criteria to be met (for the above): 3/5 ----->		<input type="checkbox"/> Yes <input type="checkbox"/> No
Referee name <input type="text"/>			
Signature <input type="text"/>			
REFEREE SUPPORTING COMMENTS:		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

INTERNAL CONTROL AND ACCOUNTING SYSTEMS	Organisation name <input type="text"/>		CV ref no. <input type="text"/>
Applicant to provide details below to demonstrate competence:*			
NOTE: NZ Dip Bus 200-level (level 6) Management Accounting or equivalent degree level study is suitable training evidence to fully meet this competency area.	ASSESSMENT CRITERIA (to be completed by Referee)		COMPETENT Y/N
* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other. <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	Understand the role of accounting within an organisation		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understand the importance and use of internal control systems		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Evaluate the accounting system and identify areas for improvement		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Make recommendations to improve the accounting system		<input type="checkbox"/> Yes <input type="checkbox"/> No
			TOTAL <input type="text"/>
	Minimum Assessment Criteria to be met (for the above): 3/4 ----->		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Referee name <input type="text"/>		
Signature <input type="text"/>			
REFEREE SUPPORTING COMMENTS:		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

BUSINESS TAX**Applicant** to provide details below to demonstrate competence:*

NOTE: **NZ Dip Bus 200-level (level 6) NZ Taxation** or equivalent degree level study is suitable training evidence to fully meet this competency area.

* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.

Organisation name

CV ref no.

ASSESSMENT CRITERIA (to be completed by **Referee**)

COMPETENT Y/N

Understand the impact of legislation and legislative changes

 Yes No

Recognise and calculate income and deductions

 Yes No

Apply losses to business income

 Yes No

Understand tax law and its implications for unincorporated businesses (sole trader and partnerships)

 Yes No

Understand tax law and its implications for incorporated businesses (limited liability companies)

 Yes No

Understand the dividend imputation regime

 Yes No

Calculate taxable income and determine the tax liability of companies

 Yes No

Apply the Fringe Benefit Tax (FBT) rules and calculate FBT payable

 Yes No
TOTAL **Minimum Assessment Criteria to be met** (for the above): **5/8** →
 Yes No

Referee name

Signature

REFEREE SUPPORTING COMMENTS:

PERSONAL TAX

Applicant to provide details below to demonstrate competence:*

NOTE: **NZ Dip Bus 200-level (level 6) NZ Taxation** or equivalent degree level study is suitable training evidence to fully meet this competency area.

* TYPES OF EVIDENCE: Training, references, interviews, workplace evidence and other.

Organisation name

CV ref no.

ASSESSMENT CRITERIA (to be completed by Referee)	COMPETENT Y/N
Demonstrate an understanding of legislation and procedures relating to personal tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand the current taxation principles of income from employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand the current taxation principles of investment income for an individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand the current taxation principles of property income for an individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand the current Inland Revenue administered schemes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calculate tax credits available to an individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calculate income from all sources accurately	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calculate accurately an individual's income tax liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL <input type="text"/>
Minimum Assessment Criteria to be met (for the above): 5/8 →	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee name

Signature

REFEREE SUPPORTING COMMENTS:

NON-TECHNICAL COMPETENCIES

LEARNING OUTCOMES: Referee to complete

COMPETENT Y/N

Work independently and as part of a team	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan, organise and monitor activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use information technology effectively.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Research, analyse and evaluate information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apply mathematical ideas and techniques.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solve problems and propose solutions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consistently demonstrate personal integrity, professional values, ethical conduct and motivation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adhere to appropriate standards and statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communicate ideas and information effectively and efficiently, verbally and in writing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify and meet the needs of internal and external clients or stakeholders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL <input type="text"/>
	All competencies must be met (for the above): 10 / 10 -----> <input type="checkbox"/> Yes <input type="checkbox"/> No

REFEREE SUPPORTING COMMENTS:

Referee name

Signature

RESULTS OF THE ASSESSMENT OF COMPETENCE

Applicant's name

has met the competency areas, as listed below:

LEVEL OF COMPETENCY AREAS

RATING

ESSENTIAL

All competency areas met (4)

INTERMEDIATE

- Accounts Preparation
- Prepare Final Accounts for Sole Traders and Partnerships
- Costs and revenues
- Indirect tax
- Spreadsheet software

ADVANCED

- Financial statements
- Budgeting
- Financial performance
- Internal controls and accounting systems
- Business tax
- Personal tax

FULLY COMPETENT If you have achieved at least **9** out of the **11** competency areas.

COMPETENT Meet minimum competency requirements if you have achieved **6** out of **11** competency areas.

If you have achieved **6, 7** or **8** competency areas you will need to upskill to achieve **9** competency areas by studying **1** to **3** top-up units or through on-the-job development.

BELOW REQUIREMENT If you have achieved **5** or less INTERMEDIATE or ADVANCED competency areas you will be assessed as Below Requirement, based on your experience/training.

Enrol in the Vocational pathway or the Academic pathway to gain an accounting qualification. Refer to charteredaccountantsanz.com/at

NON-TECHNICAL COMPETENCIES

All competency areas met (10)

OVERALL ASSESSMENT RATING

The applicant has been assessed with an overall rating of:

- FULLY COMPETENT**
- COMPETENT** – Top-up study or further development is required
- BELOW REQUIREMENT** – Recommended course of action is to study towards an accounting qualification

IF YOU ARE ASSESSED AS → YOUR NEXT STEP IS:

Fully competent Enrol in **Professional Ethics** online course (to be completed within 12 months of Provisional Member approval).

Competent Enrol in **Professional Ethics** online course (to be completed within 12 months of Provisional Member approval) plus enrol in **AAT** top-up units or upskill through on-the-job development

Below requirement Enrol today in an **Accounting qualification** – find out more about the **Vocational pathway AAT Diploma in Accounting** or our **Academic Pathway** at www.charteredaccountantsanz.com/at

Section 9 – Referee declaration* (Section to be completed by the applicant’s Referee)

*IMPORTANT: If the Referee is **NOT** a full CA ANZ member, a CA ANZ member is required to complete the ‘CA ANZ Member Declaration’ on page 17.

APPLICANT’S DETAILS

First name/Surname

Provisional CA ANZ Member number

REFEREE’S DETAILS

First name/Surname

CA ANZ member ID (if applicable) Designation CA ACA AT Date joined NZICA / /

Phone Mobile

Email

DECLARATION

I declare that I have personally reviewed the Applicant’s **Assessment of Competence Application, Evidence portfolio and Employment history summary**. This constitutes my personal and independent evaluation of the Applicant’s competence in regard to the relevant competence standard at Accounting Technician level.

I confirm that I am the Applicant’s Manager or Supervisor and that I have a detailed knowledge of the Applicant’s skills and competencies.

I am verifying the Applicant’s **Employment history summary** and competence for a period of at least 5 years.

The nature and extent of my professional contact with the Applicant in the last five years is as follows:

REFEREE’S ASSESSMENT – GENERAL COMPETENCIES

Please comment on the Applicant’s capability in each of the following areas:

Professionalism

Organisational skills

Interpersonal skills

I have reviewed the evidence/tasks the applicant has performed on which I am required to comment, and verify that the applicant named above meets the Competence requirements for admission to the Chartered Accountants Australia and New Zealand’s College of Accounting Technicians.

I consent to being contacted if further verification of my statements is required or otherwise in relation to this declaration.

PLEASE SIGN AND DATE

Signature

Date / /

CA ANZ MEMBER DECLARATION

IMPORTANT: A CA ANZ member is required to complete this declaration only if the Referee above is not a full member of CA ANZ.

MEMBER'S DETAILS

First name/Surname

Member ID (if known)

DECLARATION

This declaration must be signed by a full and current member of Chartered Accountants Australia and New Zealand who is not a family member^Δ of the applicant and whose designation is equivalent (or above) to that of the applicant's intended college.

I declare that I have personally reviewed the applicant's Assessment of Competence Application and Employment history summary.

I am satisfied that the applicant meets the Competence requirements for admission to the Chartered Accountants Australia and New Zealand's College of Accounting Technicians.

I consent to being contacted if further verification of my statements is required or otherwise in relation to this declaration.

^Δ Family members are considered to be blood relatives, including parents, siblings, aunts, uncles and grandparents, spouses or partners and any other relatives by marriage including in-laws.

PLEASE SIGN AND DATE

Signature

Date

Admission as a Provisional Member and Assessment of Competence

Guide to the form

APPLICATION PROCESS

Use this form if you are applying for provisional membership via an Assessment of Competence.

Consideration of your application can take up to 4 weeks. Please provide as much relevant information as possible. An incomplete application will not be considered until all the required information and documentation has been received.

PRIVACY ACT

The information on this form will be used by Chartered Accountants Australia and New Zealand and NZICA to:

1. Process and assess this application.
2. Maintain the membership database.
3. Enable Chartered Accountants Australia and New Zealand to carry out its various functions under its Royal Charter, By-Laws and Regulations and NZICA to carry out its various functions under the Institute of Chartered Accountants of New Zealand Act 1996 and NZICA Rules, which may involve disclosure to selected agencies authorised by Chartered Accountants Australia and New Zealand.
4. Keep you informed about products and services that may be of interest to you, which may involve disclosure to selected agencies authorised by Chartered Accountants Australia and New Zealand.
5. Communicate with you and target professional development initiatives.
6. In accordance with our Privacy Policy which can be accessed on our website at www.charteredaccountantsanz.com/privacy.

PROVISIONAL MEMBERSHIP

There are three components to the requirements for admission to full membership of the AT College of Chartered Accountants Australia and New Zealand:

- Practical experience
- Assessment of competence
- Proof of good character and standing.

You must be a provisional member before you can apply to sit the Professional Ethics (PETH) programme. Contact our Service Centre for full details of membership requirements.

NOTE 1 – PERSONAL DETAILS

Please provide business and home addresses. If any of these details change, you should advise our Service Centre immediately to avoid any delay in receiving information and goods. Your name as entered here will appear on any certificates awarded by Chartered Accountants Australia and New Zealand or our training partners. If you are known by another name or have changed your name by deed poll, please supply a copy of your marriage certificate or evidence of change of name by deed poll.

NOTE 2 – ASSESSMENT OF COMPETENCE

The Referee must be a person you are currently working for or have worked for in the past, and they must be able to verify at least 5 years (60 months) of the relevant practical experience that appears on your **Employment history summary**. They will have direct knowledge of your work.

NOTE: If your Referee is not a CA ANZ member (AT, ACA or CA), you will need a CA ANZ member to review your Assessment of Competence Application and sign and complete a separate CA ANZ member declaration.

NOTE 3 – 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 given will be kept confidential to Chartered Accountants Australia and New Zealand and NZICA.

If you have been convicted of any offences (including traffic offences) in Australia, New Zealand (or any other jurisdiction, please provide a copy of your criminal record. The appropriate form (Priv/FI) can be downloaded from www.justice.govt.nz.

Please note your rights under the Crimes Act 1914 (Cth) and relevant legislation relating to the keeping of criminal records in Australia (which may differ from state to state) and Criminal Records (Clean Slate) Act 2004 (NZ) before providing a copy of your criminal record. The relevant application form and information form can be downloaded at www.justice.govt.nz.

If you have ever been adjudicated bankrupt please provide appropriate documentation or a copy of the bankruptcy notice from the Official Receiver or Official Assignee and a Discharge of Bankruptcy notice (if applicable).

If you have been admitted to the no asset procedure or made a compromise or arrangement with your creditors, please provide appropriate documentation.

If you have been subject to disciplinary proceedings by a:

- Tertiary institution or any other regulatory body
- Statutory body
- Professional or other body

please provide detailed information.

NOTE 4 – DECLARATION

The information you give in this application form is covered by this declaration. Chartered Accountants Australia and New Zealand regulates the conduct of its members (except to the extent that certain members are residents of New Zealand) in accordance with the Supplemental Royal Charter, By-Laws and Regulations. Such members must comply with the Royal Charter, By-Laws, Regulations, Codes and other policies and guidelines applicable.

NZICA regulates the conduct of members of Chartered Accountants Australia and New Zealand that reside in New Zealand in accordance with the NZICA Act and Rules and other legislation regulating the profession of accountancy in New Zealand. This function is overseen by the New Zealand Regulatory Board. Members resident in New Zealand must comply with NZICA's Rules and Code of Ethics and all

other professional and technical standards applicable. To the extent that members give authority to Chartered Accountants Australia and New Zealand to lawfully obtain any information about them under section (5)(3), this authority also extends to NZICA for the purpose of carrying out its regulatory function.

NOTE 5 – FEES

The current application fee for provisional membership may be found in the *Application Fee Schedule* on our website charteredaccountantsanz.com.

The application fee is non-refundable. Payment must accompany your application.

Once you have been admitted to provisional membership you will be invoiced for the membership subscription on a pro rata basis.

Refer to our website for further details on the annual membership subscription.

RETURN ADDRESS

Please send your completed application to:

EMAIL assessment@charteredaccountantsanz.com

OR

POST Enrolment and Admissions Team
Chartered Accountants Australia and
New Zealand
PO Box 11342
Wellington 6011
New Zealand

FURTHER INFORMATION

If you have any questions, please refer to our website charteredaccountantsanz.com or contact our:

Service Centre

PHONE +64-4-474 7840

EMAIL service@charteredaccountantsanz.com