

# Verification of Relevant Accounting Employment

This form should be completed to verify Relevant Accounting Employment completed by prospective Associate Chartered Accountant (ACA) and Accounting Technician (AT) candidates. Relevant Accounting Employment can be completed before, during or after completion of Chartered Accountants Australia and New Zealand's academic requirements.

Please complete **Sections 1-7** and return the form to the Chartered Accountants Australia and New Zealand office (see **page 3** for details).

## Section 1 – Personal details

|                        |                             |                              |                             |                               |                                |                      |                            |                      |                      |                      |
|------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|--------------------------------|----------------------|----------------------------|----------------------|----------------------|----------------------|
| Title                  | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | <input type="text"/> | Date of birth (DD/MM/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Given name/s (in full) | <input type="text"/>        |                              |                             |                               |                                | Family name          | <input type="text"/>       |                      |                      |                      |
| Preferred name         | <input type="text"/>        |                              |                             |                               |                                |                      |                            |                      |                      |                      |

## Section 2 – Contact details

### 1. Residential contact details

|                |                      |                      |                  |                      |                      |                      |                      |  |  |
|----------------|----------------------|----------------------|------------------|----------------------|----------------------|----------------------|----------------------|--|--|
| Street address | <input type="text"/> |                      |                  |                      | Suburb/City          | <input type="text"/> |                      |  |  |
|                | State                | <input type="text"/> | Postcode         | <input type="text"/> | Country              | <input type="text"/> |                      |  |  |
| Email (home)   | <input type="text"/> |                      |                  |                      | Email (alternative)  | <input type="text"/> |                      |  |  |
| Phone (home)   | <input type="text"/> | <input type="text"/> | Phone (business) | <input type="text"/> | <input type="text"/> | Mobile               | <input type="text"/> |  |  |

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

|                              |                      |                      |          |                      |             |                      |  |  |  |  |
|------------------------------|----------------------|----------------------|----------|----------------------|-------------|----------------------|--|--|--|--|
| Company Name (if applicable) | <input type="text"/> |                      |          |                      |             |                      |  |  |  |  |
| Position title               | <input type="text"/> |                      |          |                      |             |                      |  |  |  |  |
| Street address               | <input type="text"/> |                      |          |                      | Suburb/City | <input type="text"/> |  |  |  |  |
|                              | State                | <input type="text"/> | Postcode | <input type="text"/> | Country     | <input type="text"/> |  |  |  |  |

### Section 3 – Period of relevant accounting employment

To qualify, each position must be at least 17.5 hours per week for a minimum duration of three months (full-time equivalent based on a 35 hour week.)

Please note that a separate form should be completed for each position held.

Name of organisation

Position held

Reporting to

From  /  /  To  /  /

Full-time (please tick one)  Part-time – If part-time, specify hours per week if applicable

### Section 4 – Experience

Candidate has gained experience in the following area/s (at least one area must be ticked):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academia            | <input type="checkbox"/> Auditing                      | <input type="checkbox"/> Financial Accounting / External Reporting |
| <input type="checkbox"/> Financial Advice    | <input type="checkbox"/> Financial Management          | <input type="checkbox"/> General Practice                          |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Insolvency and Reconstruction | <input type="checkbox"/> Management Accounting                     |
| <input type="checkbox"/> Taxation            | <input type="checkbox"/> Treasury                      |  |

### Section 5 – Verification by supervisor/manager

I verify that  (first name) has completed the above stated period of relevant accounting employment and experience in the area(s) indicated in section 4 of this form.

Full name

Signature  Date  /  /

### Section 6 – Member 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\*\* of the candidate and whose designation is equivalent (or above) to that of the candidate's intended college.

I declare that the above information is true and correct and that the applicant has the appropriate experience to undertake NZICA's Professional Competence Requirements. I am a full and current member of Chartered Accountants Australia and New Zealand.

The member declaration can be completed by the Supervisor/Manager provided they meet the above mentioned criteria.

First name/Surname

Member ID (if known)

Signature  Date  /  /

\*\* 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.

## Section 7 – 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 application for verification of accounting employment, 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.

We will also use and disclose personal information (including sensitive information) as set out in our Privacy Policy, available at [www.charteredaccountantsanz.com/privacy](http://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.

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.

## Section 8 – Submitting your application form

### HOW TO SUBMIT YOUR FORM

Please email your completed form to:

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

**OR**



If you have a 'digital signature' simply click the submit button

### ANY QUESTIONS

If you have any questions you can contact the Service Centre at:

**EMAIL** [service@charteredaccountantsanz.com](mailto:service@charteredaccountantsanz.com)

**PHONE AUSTRALIA** 1300 137 322

+61 2 9290 5660 (outside of Australia)

8AM–6PM (AEST) Monday – Friday (excl. Public Holidays)

**NEW ZEALAND** 0800 4 69422

+64 4 474 7840 (outside of New Zealand)

8AM–6PM (NZ time) Monday – Friday (excl. Public Holidays)

**WEBSITE** [charteredaccountantsanz.com](http://charteredaccountantsanz.com)

### OFFICE USE ONLY

Months completed       Experience completed       Verified by supervisor/manager       Member

Designation       Provisional member       Professional Competence eligibility issued

(ACA) 12 months completed on  /  /       (AT) 24 months completed on  /  /

Approved  Email confirmation sent  /  /       Declined  Email confirmation sent  /  /

Assessor       Effective/Decision date  /  /