

Application by an Accounting Academic for Membership

(Under By Law 12) (Reg CR1 clauses 103, 105-106 and 114-115)



CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Please use this form if you are an **Accounting Academic seeking admission** to Chartered Accountants Australia and New Zealand (Chartered Accountants ANZ) **as a Full Member**. Consideration of your application can take up to six weeks. Please provide all the information and documentation required as an incomplete application will not be considered.

Please complete **ALL** sections and submit to Chartered Accountants ANZ as indicated in **section 8**

Please print in **BLOCK LETTERS**.

Section 1 – Membership type

Chartered Accountant (CA) Associate Chartered Accountant (ACA) Accounting Technician (AT)

Section 2 – Personal information

Title Mr Mrs Ms Miss Other Gender Male Female

First name/Surname

Preferred first name (if different to formal) Previous surname (if applicable)

Date of birth / / CA ANZ ID (if known)

RESIDENTIAL CONTACT DETAILS

Company name (if applicable)

Street address City/Town

State Postcode Country

Phone Mobile

Email Preferred email

MAILING ADDRESS (If different to above)

Postal address City/Town

State Postcode Country

Email Preferred email

Section 3 – Tertiary qualifications

Please confirm the following (by ticking the box beside each statement):

I hold a qualification in Accounting or a related subject that is recognised as equivalent to a Doctorate or Masters level qualification in New Zealand or Australia.

I have attached a certified copy of the original degree certificate(s) and/or full academic transcripts.

Section 4 – Academic employment history

Please confirm the following (by ticking the box beside each statement):

- I am currently employed at lecturer level or above and have been for at least five years, by one or more recognised universities or other higher education providers in Australia or New Zealand.
- I have attached a copy of my current CV outlining my academic employment history.

Section 5 – References

You must provide **two** references, each completed by a different person. The two reference forms that include the criteria are attached to the back of this form.

Section 6 – 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 will be kept confidential.

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 adjudged bankrupt or made an assignment for the benefit of your creditors? (if applying for NZ membership) **or**,
Have you executed an authority under Part X of the *Bankruptcy Act 1966*? (if applying for Aus membership) Yes No

Are you, or have you ever been prohibited by the Registrar of Companies from managing a company? (if applying for NZ membership) **or**,
Are you presently, or have you been subject to a notice not to manage a corporation as provided in Part 2D.6 of the *Corporations Act 2001*, or been refused registration for any of the registrations identified in R4/702? (if applying for Aus membership) Yes No

Are you, or have you ever been subject to disciplinary proceedings by a Tertiary Education Institution? Yes No

Are you, or have you ever been subject to disciplinary proceedings by a statutory, regulatory, professional, or other body in respect of your professional capacity? Yes No

PRIVACY STATEMENT

By providing personal information to us in this form you consent to the organisation:

- (a) Disclosing to third parties your (current or former) status as a member of the organisation;
- (b) Disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by the organisation's Professional Conduct Tribunals or Appeal Tribunals (or as they may be reconstituted or renamed from time to time); and
- (c) Collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious beliefs or affiliations, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one more of the functions or activities of the organisation.

We collect, use and disclose your personal information in connection with your application, the management and administration of members and/or programs, the provision of products and services and/or to communicate with you. If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC, the Companies Office, and other regulators and government and statutory bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing your information for promotional and marketing purposes. You can opt-out by contacting us at privacy@charteredaccountantsanz.com or on **1300 137 322** in Australia or **0800 469 422** in New Zealand. We may also have collected information about you from a third party. Your information will also be used and disclosed as set out in the organisation's Privacy Policy, available at www.charteredaccountantsanz.com/privacy. It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how the organisation handles your 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 as well as details about the disclosure of your information to entities overseas. By providing us with your information, you consent to us using, disclosing and otherwise handling your information as set out above and in that policy.

Section 7 – Declaration

The information you give in the application form is covered by the declaration.

I, Name of applicant

declare that:

In consideration of Chartered Accountants Australia and New Zealand's evaluation of my suitability for membership, I understand and agree confirmation of my responses will be sought. These checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s).

I have read and agree to be bound by Chartered Accountants Australia and New Zealand Royal Charter, By-laws and Regulations prescribing any ruling on the standards or practice and professional conduct, including the technical standards, as required by Chartered Accountants Australia and New Zealand.

I agree to abide by the lawful decisions of the Chartered Accountants Australia and New Zealand Board or any Regional or Local Council, Standing or other Committees or Officer of Chartered Accountants Australia and New Zealand.

PLEASE SIGN AND DATE

Signature

Date

Section 8 – Submitting your application form

HOW TO SUBMIT YOUR FORM

Please email your completed form to:

EMAIL assessment@charteredaccountantsanz.com

ANY QUESTIONS

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

EMAIL 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

ASSESSOR CHECKLIST (OFFICE USE ONLY):

Qualification acceptable

Experience acceptable

Bankruptcy, crimes, offences and disciplinary action acceptable

References acceptable

Declaration signed and dated

Application by an Accounting Academic for Membership

Member Reference



CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

The person completing this reference must **not be related** to the applicant and **must have been a member** of Chartered Accountants Australia and New Zealand (Chartered Accountants ANZ) or recognised professional body for **3 years**. A recognised professional body being any GAA body Chartered Accountants ANZ has a current Reciprocal Membership Agreement with.

Please note, this reference must be signed and dated **within 3 months** of the date the application is submitted.

This form will support your application for membership. **Please print in BLOCK LETTERS.**

Section 1 – Applicant's details

Title Mr Mrs Miss Ms Other

Applicant's name (in full) CA ANZ ID (if known)

Section 2 – Referee's details

Title Mr Mrs Miss Ms Other

Referee's name (in full)

Professional accounting body with which current full membership is held

Professional accounting body membership number

Designation Date admitted (if applicable) / /

COMPANY DETAILS

Position title

Company name

Company address City/Town

State Postcode Country

Preferred contact phone number Email

Section 3 – Declaration

I support and recommend the above mentioned applicant for membership of Chartered Accountants ANZ. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants ANZ. I confirm that I am not related to the applicant and that all the information supplied above is true.

PLEASE SIGN AND DATE

Signature Date / /

OFFICE USE ONLY:

Full member for 3 years Declaration signed and dated Dated within 3 months of application

Application by an Accounting Academic for Membership

Professional Reference



CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

The person completing this reference must **not be related** to the applicant. They must be a Chartered Accountant (CA), who is different to the person used as a member reference, who has worked with the applicant for a minimum of 12 months. An acceptable alternative would be a CA of a GAA body Chartered Accountants ANZ has a current Reciprocal Membership Agreement with or their Dean or Head of School.

This form will support your application for membership. **Please print in BLOCK LETTERS.**

Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <small>.....></small>	<input type="text"/>
Applicant's name (in full)	<input type="text"/>				Applicants CA ANZ ID (if known)	<input type="text"/>

Section 2 – Referee's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <small>.....></small>	<input type="text"/>
Referee's name (in full)	<input type="text"/>					
Professional accounting body with which current full membership is held (if applicable)	<input type="text"/>					
Professional accounting body membership number (if applicable)	<input type="text"/>					
Designation (if applicable)	<input type="text"/>	Date admitted	<input type="text"/> / <input type="text"/> / <input type="text"/>			

COMPANY DETAILS

Position title	<input type="text"/>				
Company name	<input type="text"/>				
Employer's address	<input type="text"/>	City/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
Preferred contact phone number	<input type="text"/>	Email	<input type="text"/>		

Section 3 – Declaration

I support and recommend the above mentioned applicant for membership of Chartered Accountants ANZ. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants ANZ. I confirm that I am not related to the applicant, that I have worked with the applicant for 12 months or more and that all of the information supplied above is true.

PLEASE SIGN AND DATE

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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OFFICE USE ONLY:

Declaration signed and dated Dated within 3 months of application