

Application for Recognition as a CA Forensic Accounting Specialist

This form is to be completed by members wishing to apply to become a CA Forensic Accounting Specialist. Additional information can be found at www.charteredaccountantsanz.com/learning-and-events/specialisations/forensic-accounting.

Applicants should read Chartered Accountants Australia and New Zealand's (CA ANZ) regulation CR6D prior to completing this application. The regulation can be accessed at www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/australian-regulations

Please complete **ALL SECTIONS** of this application and return with payment details to the Chartered Accountants Australia and New Zealand's office (see page 5 for contact details). **Please print in BLOCK LETTERS.**

Section 1 – Personal 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"/> | Membership number | <input type="text"/> |
| Given name/s (in full) | <input type="text"/> | | Family name | <input type="text"/> |
| Preferred name | <input type="text"/> | | When did you become a member (year)? | <input type="text"/> |

Section 2 – Contact details

1. Personal contact details

| | | | | | |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Street address | <input type="text"/> | Suburb/city | <input type="text"/> | | |
| State | <input type="text"/> | Postcode | <input type="text"/> | Country | <input type="text"/> |
| PO Box address | <input type="text"/> | | | | |
| State | <input type="text"/> | Postcode | <input type="text"/> | Country | <input type="text"/> |
| Email | <input type="text"/> | | | | |
| Phone (home) | <input type="text"/> | <input type="text"/> | Mobile | <input type="text"/> | |

2. Business contact details

| | | | | | |
|----------------|----------------------|-------------|----------------------|---------|----------------------|
| Company name | <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"/> |
| PO Box address | <input type="text"/> | | | | |
| State | <input type="text"/> | Postcode | <input type="text"/> | Country | <input type="text"/> |

Email (business)

Phone (business)

Mobile

3. Preferred contact details

Postal address: Home street address Home PO Box address

Email address: Home Work

Business street address Business PO Box address

Section 3 – Criteria/requirements

In line with **CR6.4 – CR6.11**, an Individual Member applying for specialisation must meet the specific service pre-requisites required for the specialisation for which they are applying. Regulation CR6D (Regulations relating to Forensic Accounting Specialisation) recognises those Individual Members who have undertaken specific relevant study and gained experience in forensic accounting, to such a level that they are recognised as having specialist skills in the field.

In satisfying the educational component of the Forensic Accounting Specialisation, there are two alternative pathways, namely **Pathway 1** and **Pathway 2**, depending on the level of forensic accounting experience held. These are outlined below in Section A.

Please select the relevant pathway from **Part A**, then complete the details of your references in **Part B**.

A. Pathway selection

Pathway 1 – Specialisation via Education and Practical Experience

In accordance with **CR6D.4(a)** an individual member applying for recognition as a CA Forensic Accounting Specialist will be required to:

- Undertake study through an award program approved by the Chartered Accountants Australia and New Zealand for the purposes of specialisation.
- Provide a **certified copy** of the qualification.
- Provide a **certified copy** of the academic transcript related to the qualification which details the subjects undertaken and their successful completion (**CR6D.4(a)(ii)**). These subjects must incorporate Forensic accounting and the legal system, Investigation engagements, Loss and damage and other dispute engagements and

Forensic accountants and the court.

- Have successfully completed the specified subjects within the last 5 years prior to date of application (**CR6D.4(a)(iii)**). Please provide details in **section (i)** below to support this.
- Have a minimum of two (2) years practical experience within the previous five (5) years, where at least 20% of employment is related to forensic accounting and an additional 20% in an area closely related to forensic accounting (**CR6D.4(a)(iv)**). Please provide details in **section (ii)** below to support this.

This is the identified pathway Yes No → If you selected 'Yes' for **Pathway 1**, please complete sections (i) and (ii) below.

i. Education history

Please outline the details of your educational history below. A **certified copy** of the qualification and related academic transcript must be attached to this application. (Please attach additional pages to this application if space provided is insufficient.)

Name of Award

Name of Institution/
Training Provider

Macquarie University

Successful completion of:

| | | |
|---|------------------|----------------------|
| <input type="checkbox"/> Forensic accounting and the legal system | → Date completed | <input type="text"/> |
| <input type="checkbox"/> Investigation engagements | → Date completed | <input type="text"/> |
| <input type="checkbox"/> Investigation engagements | → Date completed | <input type="text"/> |
| <input type="checkbox"/> Forensic accountants and the court | → Date completed | <input type="text"/> |

ii. Experience

Please outline the details of your practical experience below. (Please attach additional pages to this application if space provided is insufficient.)

| | | | |
|------------------------|--|-------------|----------------------|
| Company name | <input type="text"/> | | |
| Company street address | <input type="text"/> | Suburb/City | <input type="text"/> |
| State | <input type="text"/> | Postcode | <input type="text"/> |
| Country | <input type="text"/> | | |
| Position title | <input type="text"/> | | |
| Position activities | <input type="text"/> | | |
| Employment type | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> at <input type="text"/> hours per week | | |
| Duration of employment | <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/> = <input type="text"/> / <input type="text"/> Years Months | | |
| Firm type | <input type="checkbox"/> Chartered <input type="checkbox"/> CPA <input type="checkbox"/> Public Accounting <input type="checkbox"/> Other (please specify) <input type="text"/> | | |

| | | | |
|------------------------|--|-------------|----------------------|
| Company name | <input type="text"/> | | |
| Company street address | <input type="text"/> | Suburb/City | <input type="text"/> |
| State | <input type="text"/> | Postcode | <input type="text"/> |
| Country | <input type="text"/> | | |
| Position title | <input type="text"/> | | |
| Position activities | <input type="text"/> | | |
| Employment type | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> at <input type="text"/> hours per week | | |
| Duration of employment | <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/> = <input type="text"/> / <input type="text"/> Years Months | | |
| Firm type | <input type="checkbox"/> Chartered <input type="checkbox"/> CPA <input type="checkbox"/> Public Accounting <input type="checkbox"/> Other (please specify) <input type="text"/> | | |

Pathway 2 – Specialisation via Workshop and Practical Experience

In accordance with **CR6D.4(b)** an individual member applying for recognition as a CA Forensic Accounting Specialist will be required to:

- Complete a workshop as specified by Chartered Accountants Australia and New Zealand and successfully complete the assessment component.
- Provide copy of the certificate as evidence of their successful completion of the workshop and assessment (**CR6D.4(b)(ii)**).

- Have successfully completed the workshop and assessment within the last five (5) years (**CR6D.4(b)(iii)**). Please provide details in section (i) below to support this.
- Have a minimum of two (2) years practical experience within the previous five (5) years, where at least 20% of employment is related to forensic accounting and an additional 20% in an area closely related to forensic accounting (**CR6D.4(b)(iv)**). Please provide details in section (ii) below to support this.

This is the identified pathway Yes No If you selected 'Yes' for **Pathway 2**, please complete sections (i) and (ii) below.

i. Education history

Please outline the details of your educational history below. A **certified copy** of the qualification and related academic transcript must be attached to this application. (Please attach additional pages to this application if space provided is insufficient.)

| | |
|---|--|
| Name of workshop | <input type="text" value="Forensic Accounting Specialisation Course"/> |
| Name of Institution/ Training Provider | <input type="text" value="Macquarie University"/> |
| Date completed on | <input type="text" value="/ /"/> |

Section 4 – Declaration

By signing below you declare, consent, agree and accept each of the following:

1. I declare that the information provided in this application is true and correct.
2. I agree to produce such further evidence and information in relation to this application as may be required by CA ANZ.
3. I agree to be bound by the decision of the CA ANZ subject to my rights of appeal.
4. If my application is accepted, I undertake to satisfy the ongoing training and development in accordance with **CR6.18 & CR6D.5(a)**.
5. Unless I have indicated to the contrary by ticking the box below, consent to my details which I have provided to the CA ANZ, and any changes to those details, being published by CA ANZ (including on a website) for the purposes of identifying me as a CA Forensic Accounting Specialist.
 I do not consent to my details which I have provided to CA ANZ being published by the CA ANZ for the purposes of identifying me as a CA Forensic Accounting Specialist.
6. I declare that I satisfy the relevant practical experience requirements, where at least 20% of employment is related to forensic accounting and an additional 20% in an area closely related to forensic accounting, in accordance with **CR6D.4(a)(iv)** or **CR6D.4(b)(iv)**.

PLEASE SIGN AND DATE

Signature

Date

In order to enable the broader community to search the new 'Find a CA' site in a more informed manner, could you please identify your key areas of practice within forensic accounting by ticking the boxes below. This information will be accessible on our refreshed website.

- | | |
|---|--|
| <input type="checkbox"/> Expert evidence | <input type="checkbox"/> Disputed business valuations (including shareholder disputes) |
| <input type="checkbox"/> Consulting expert | <input type="checkbox"/> Family law disputes (including trust / estate disputes) |
| <input type="checkbox"/> Arbitrations/mediations | <input type="checkbox"/> Insurance claims (including business interruption) |
| <input type="checkbox"/> Expert determinations | <input type="checkbox"/> Personal injury claims |
| <input type="checkbox"/> Fraud investigations | <input type="checkbox"/> Intellectual property claims |
| <input type="checkbox"/> Financial investigations (including asset tracing) | <input type="checkbox"/> Professional negligence claims (including auditor negligence) |
| <input type="checkbox"/> Loss and damage assessments | |

Section 5 – Privacy

PRIVACY STATEMENT

By providing personal information to us in this form you consent to Chartered Accountants ANZ (all boxes must be ticked in order for Chartered Accountants ANZ to progress your application):

- (a) using and disclosing your personal information in accordance with our Privacy Policy, available at www.charteredaccountantsanz.com/privacy;
- (b) disclosing to third parties your (current or former) status as a member of Chartered Accountants ANZ;
- (c) 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 Disciplinary Tribunals or Appeal Tribunals (or their predecessor bodies, as they may be reconstituted or renamed from time to time); and
- (d) 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, 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 Chartered Accountants ANZ.

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. 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 Chartered Accountants ANZ 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 Privacy Policy.

Section 6 – Fee and Payment details

i. Fees:

Application fee

An Application fee of \$231.82 (AUD\$) is payable for **approved applications only**.

Specialist membership fees

The specialist membership fee is based on a financial year (July to June). A pro-rata fee applies if the application is approved in any month other than July (see table below).

| | | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|--------------------|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|
| Fee payable | AUD\$ (incl. GST) | 273.00 | 250.25 | 227.50 | 204.75 | 182.00 | 159.25 | 136.50 | 113.75 | 91.00 | 68.25 | 45.50 | 22.75 |

Yes, I authorise Chartered Accountants Australia and New Zealand to deduct the appropriate fees from my credit card. (see payment details provided below)

ii. Payable by:

Chartered Accountants Amex

Amex Visa MasterCard Diners Club

Card number / / /

Expiry date / CVV number

Cardholder name

Cardholder signature

Section 7 – Checklist

I have completed (please cross):

All the applicable sections (1 – 5)

I have provided/attached the following (please cross)

Payment authorisation/payment for the application

Original certified copy of the qualification and related academic transcript detailing subjects undertaken and their successful completion (Pathway 1, if applicable)

Certificate as evidence of successful completion of workshop and assessment (Pathway 2, if applicable)

Additional evidence of practical experience (if available)

Referee Report No. 1

Referee Report No. 2

Section 8 – Submitting your application form

Please submit your completed application form/supporting documents with payment to:

EMAIL assessment@charteredaccountantsanz.com

OR



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

For further enquiries or additional information please contact the Chartered Accountants Service Centre on:

EMAIL service@charteredaccountantsanz.com

PHONE **AUSTRALIA** 1300 137 322 **OVERSEAS** +61 2 9290 5660

WEBSITE www.charteredaccountantsanz.com

Referee Report Form

This form will support the application for recognition as a CA Forensic Accounting Specialist. **Please print in BLOCK LETTERS.**

Section 1 – Personal 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"/> |
| Given name/s (in full) | <input type="text"/> | | | | Family name | <input type="text"/> |
| Company name | <input type="text"/> | | | | | |

Section 2 – Referee's details

Important information for referees

Chartered Accountants Australia and New Zealand has established a Forensic Accounting Specialisation to recognise, support and promote Chartered Accountants offering quality forensic accounting services to clients. The Specialisation will also be a mechanism through which Chartered Accountants Australia and New Zealand demonstrates leadership in the industry.

The reference must be **prepared by the referee themselves.**

The reference should not be a 'form' letter that is simply signed by the referee.

In accordance with **CR6D.4(b)(v)** an individual member applying for recognition as a CA Forensic Accounting Specialist will be required to:

- At least one of the references must be from a CA with 3 years membership or more who has known the applicant for 12 months or more (**CR6D.4(b)(v)B**).
- Both of the references must attest to the individual member's skills and knowledge in forensic accountings (**CR6D.4(b)(v)C**).

- References should not be from a family member or employee of the applicant.
- One of the references should be from a person outside the organisation.
- The reference must be prepared by the referee themselves and should not be a 'form' letter that is simply signed by the referee.
Note: An electronic signature is permitted for the Referee's Report.

Members need to demonstrate a minimum amount of practical forensic accounting experience. This requirement varies depending on their experience and thus the chosen pathway for this application. If the experience includes a:

- Minimum of two (2) years practical experience within the previous five (5) years, where at least 20% of employment is related to forensic accounting and an additional 20 in an area closely related to Forensic Accounting, then **Pathway 1** applies
- Minimum of four (4) years practical experience within the previous ten (10) years, where at least 20% of employment is related to forensic accounting and an additional 20% in an area closely related to Forensic Accounting, then **Pathway 2** applies.

1. Referee's contact 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"/> |
| Given name/s (in full) | <input type="text"/> | | | | CA Member ID Number (where applicable) | <input type="text"/> |
| Family name | <input type="text"/> | | | | | |

2. Referee's business details

| | | | | | |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Company name | <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"/> |
| PO Box address | <input type="text"/> | | | | |
| State | <input type="text"/> | Postcode | <input type="text"/> | Country | <input type="text"/> |
| Email (work) | <input type="text"/> | | | | |
| Phone (work) | <input type="text"/> | <input type="text"/> | Mobile | <input type="text"/> | |

3. Membership of other relevant organisations

| NAME OF ORGANISATION | MEMBER NUMBER | LEVEL OF MEMBERSHIP | YEARS AS A MEMBER |
|----------------------|---------------|---------------------|-------------------|
| | | | |
| | | | |

4. Qualifications

| INSTITUTION | COURSE/QUALIFICATION | COMPLETED |
|-------------|----------------------|-----------|
| | | |
| | | |

5. Applicant

Relation to applicant

(NOTE: Reference can **not** be from a family member or an employee who reports to the applicant)

Period of time the applicant has been involved in the area of forensic accounting: years

Please comment on the applicant's skills, knowledge and experience in forensic accounting, particularly their involvement in forensic accounting engagements. You may also add some comments regarding the applicant's character and reputation.

I certify that the information given above is true and correct.

Signature

Date / /

For assistance in completing the form, please contact us on:

EMAIL assessment@charteredaccountantsanz.com

PHONE AUSTRALIA 1300 137 322 OVERSEA +61 2 9290 5660

Referee Report Form

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Section 1 – Personal 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"/> |
| Given name/s (in full) | <input type="text"/> | | | | Family name | <input type="text"/> |
| Company name | <input type="text"/> | | | | | |

Section 2 – Referee's details

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- Minimum of four (4) years practical experience within the previous ten (10) years, where at least 20% of employment is related to forensic accounting and an additional 20% in an area closely related to Forensic Accounting, then **Pathway 2** applies.

1. Referee's contact 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"/> |
| Given name/s (in full) | <input type="text"/> | | | | CA Member ID Number (where applicable) | <input type="text"/> |
| Family name | <input type="text"/> | | | | | |

2. Referee's business details

| | | | | | |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Company name | <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"/> |
| PO Box address | <input type="text"/> | | | | |
| State | <input type="text"/> | Postcode | <input type="text"/> | Country | <input type="text"/> |
| Email (work) | <input type="text"/> | | | | |
| Phone (work) | <input type="text"/> | <input type="text"/> | Mobile | <input type="text"/> | |

3. Membership of other relevant organisations

| NAME OF ORGANISATION | MEMBER NUMBER | LEVEL OF MEMBERSHIP | YEARS AS A MEMBER |
|----------------------|---------------|---------------------|-------------------|
| | | | |
| | | | |

4. Qualifications

| INSTITUTION | COURSE/QUALIFICATION | COMPLETED |
|-------------|----------------------|-----------|
| | | |
| | | |

5. Applicant

Relation to applicant

(NOTE: Reference can **not** be from a family member or an employee who reports to the applicant)

Period of time the applicant has been involved in the area of forensic accounting: years

Please comment on the applicant’s skills, knowledge and experience in forensic accounting, particularly their involvement in forensic accounting engagements. You may also add some comments regarding the applicant’s character and reputation.

I certify that the information given above is true and correct.

Signature

Date / /

For assistance in completing the form, please contact us on:

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PHONE AUSTRALIA 1300 137 322 OVERSEA +61 2 9290 5660