

# Application for Recognition as a CA Risk Specialist

This form is to be completed by members wishing to apply to become a CA Risk Specialist. Additional information can be found at [www.charteredaccountantsanz.com/learning-and-events/specialisations/risk](http://www.charteredaccountantsanz.com/learning-and-events/specialisations/risk).

Applicants should read Chartered Accountants Australia and New Zealand's (CA ANZ) regulation CR6E prior to completing this application. The regulation can be accessed at [www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/australian-regulations](http://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 – Applicant's details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other →	<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"/>	Preferred contact phone number	<input type="text"/>	
Email	<input type="text"/>			

## Section 2 – 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 CR6E (Regulations relating to Risk Specialisation) recognises those Individual Members who have undertaken specific relevant study and gained experience in risk, to such a level that they are recognised as having specialist skills in the field.

In satisfying the educational component of the Risk Specialisation, there are two alternative pathways; **Emerging Pathway** and **Experienced Pathway**, depending on the level of risk experience held. These are outlined below.

Please select the relevant pathway, then complete the **Referee Report Forms** on pages 6 and 8.

### PATHWAY SELECTION

#### EMERGING PATHWAY – SPECIALISATION VIA EDUCATION AND PRACTICAL EXPERIENCE

In accordance with **CR6E.4(a)** an individual member applying for recognition as a CA Risk 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 (**CR6E.4(a)(ii)**). These subjects must incorporate Enterprise Risk Management and Business Analytics.
- Have successfully completed the specified subjects within the last 5 years prior to date of application (**CR6E.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 risk and an additional 20% in an area closely related to risk (**CR6E.4(a)(iv)**). Please provide details in **section (ii)** below to support this.

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This is the identified pathway  Yes  No → If you selected 'Yes' for the **Emerging Pathway**, 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.)

<b>Name of Award</b>	<input type="text"/>		
Name of Institution/ Training Provider	<input type="text" value="AGSM (Australian Graduate School of Management) University of NSW (UNSW)"/>		
Successful completion of:	Enterprise Risk Management → Date completed	<input type="text" value="/ /"/> (DD/MM/YYYY)	
	Business Analytics → Date completed	<input type="text" value="/ /"/> (DD/MM/YYYY)	

### ii. EXPERIENCE

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

<b>Current company name</b>	<input type="text"/>		
Current 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 → at <input type="text"/> hours per week		
Duration of employment	<input type="text" value="/ /"/> (DD/MM/YYYY)	to <input type="text" value="/ /"/> (DD/MM/YYYY)	= <input type="text"/> Years / <input type="text"/> Months

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<b>Previous company name</b>	<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 → at <input type="text"/> hours per week		
Duration of employment	<input type="text" value="/ /"/> (DD/MM/YYYY)	to <input type="text" value="/ /"/> (DD/MM/YYYY)	= <input type="text"/> Years / <input type="text"/> Months

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## EXPERIENCED PATHWAY – SPECIALISATION VIA WORKSHOP AND PRACTICAL EXPERIENCE

In accordance with **CR6E.4(b)** an individual member applying for recognition as a CA Risk 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 (**CR6E.4(b)(ii)**).
- Have successfully completed the workshop and assessment within the last five (5) years (**CR6E.4(b)(iii)**). Please provide details in **section (i)** below to support this.
- Have a minimum of four (4) years practical experience within the previous ten (10) years, where at least 20% of employment is related to risk and an additional 20% in an area closely related to risk (**CR6E.4(b)(iv)**).

**This is the identified pathway**  Yes  No → If you selected 'Yes' for the **Experienced Pathway**, please complete section (i) 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="Risk Specialisation Course"/>
Name of Institution/ Training Provider	<input type="text" value="AGSM UNSW"/>
Date completed on	<input type="text" value="/ /"/> (DD/MM/YYYY)

## Section 3 – Declaration

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

- |   |   |
|---|---|
| <input type="checkbox"/> 1. I declare that the information provided in this application is true and correct.  | <input type="checkbox"/> 5. Unless I have indicated to the contrary by ticking the box below, I consent to my details which I have provided to 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 Risk Specialist. |
| <input type="checkbox"/> 2. I agree to produce such further evidence and information in relation to this application as may be required by CA ANZ.                        | <input type="checkbox"/> I do not consent to my details which I have provided to CA ANZ being published by CA ANZ for the purposes of identifying me as a CA Risk Specialist.   |
| <input type="checkbox"/> 3. I agree to be bound by the decision of the CA ANZ subject to my rights of appeal.   | <input type="checkbox"/> 6. I declare that I satisfy the relevant practical experience requirements, where at least 20% of employment is related to risk and an additional 20% in an area closely related to risk, in accordance with <b>CR6E.4(a)(iv)</b> or <b>CR6E.4(b)(iv)</b> .                    |
| <input type="checkbox"/> 4. If my application is accepted, I undertake to satisfy the ongoing training and development in accordance with <b>CR6.18 &amp; CR6E.5(a)</b> . |   |

### PLEASE SIGN AND DATE

Signature	<input type="text"/>	Date	<input type="text" value="/ /"/> (DD/MM/YYYY)
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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 risk by ticking the boxes below. This information will be accessible on our refreshed website.

- |   |   |
|---|---|
| <input type="checkbox"/> Enterprise Risk Management | <input type="checkbox"/> Non Financial Risk |
| <input type="checkbox"/> Strategic Risk             | <input type="checkbox"/> Project Risk       |
| <input type="checkbox"/> Financial Risk             |   |

## Section 4 – 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](http://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](mailto: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 5 – Fee and Payment details

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
<b>Fee payable</b>	<b>AUD\$ (incl. GST)</b>	280.00	256.70	233.40	210.10	186.80	163.50	140.20	116.90	93.60	70.30	47	23.70

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

PAYABLE BY:

Chartered Accountants Amex

Amex    Visa    MasterCard    Diners Club

Card number     /     /     /

Expiry date  /  CVV number

Cardholder number

Cardholder signature

## Section 6 – 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 (Experienced Pathway, if applicable)

Additional evidence of practical experience (if available)

Referee Report No. 1

Referee Report No. 2

## Section 7 – Submitting your application form

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

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

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

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

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

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

# Referee Report Form

This form will support the application for recognition as a CA Risk Specialist. **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>.....&gt;</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 Risk Specialisation to recognise, support and promote Chartered Accountants offering quality risk 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 **CR6E.5** an individual member applying for recognition as a CA Risk 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 (**CR6E.5(b)**).
- Both of the references must attest to the individual member’s skills and knowledge in Risk (**CR6E.5(c)**).
- References should not be from a family member or employee of the applicant (**CR6E.5(e)**).

- One of the references should be from a person outside the organisation (**CR6E.5(d)**).
  - The reference must be prepared by the referee themselves and should not be a ‘form’ letter that is simply signed by the referee (**CR6E.5(f)**).
- Note: An electronic signature is permitted for the Referee’s Report.

Members need to demonstrate a minimum amount of practical risk 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 risk and an additional 20% in an area closely related to risk, then the **Emerging Pathway** applies
- Minimum of four (4) years practical experience within the previous ten (10) years, where at least 20% of employment is related to risk and an additional 20% in an area closely related to risk, then the **Experienced Pathway** applies.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <small>.....&gt;</small>	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Family name	<input type="text"/>
CA Member ID Number (where applicable)	<input type="text"/>					
Company name	<input type="text"/>					
Position title	<input type="text"/>					
Email	<input type="text"/>			Preferred phone number	<input type="text"/>	
Relation to applicant	<input type="text"/>					

(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 risk:  years

Continued overleaf [>](#)

Please comment on the applicant's skills, knowledge and experience in risk, particularly their involvement in risk 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  (DD/MM/YYYY)

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

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

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

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Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <small>.....&gt;</small>	<input type="text"/>
Given name/s (in full)	<input type="text"/>	Family name <input type="text"/>
CA Member ID Number (where applicable)	<input type="text"/>	
Company name	<input type="text"/>	
Position title	<input type="text"/>	
Email	<input type="text"/>	Preferred phone number <input type="text"/>
Relation to applicant	<input type="text"/>	

(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 risk:  years

Continued overleaf >



Please comment on the applicant's skills, knowledge and experience in risk, particularly their involvement in risk 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  (DD/MM/YYYY)

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