

Application for

International Pathway Program (IPP) Eligibility Form

(Provisional Membership)

Complete and submit this form to have your eligibility for the International Pathway Program (IPP) assessed. If approved, we will provide you with specific IPP module enrolment information.

Please fill in your **CA ANZ Membership Number**, if you already have one (please use a **BLACK** pen)

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Please complete **ALL** the sections (1 – 8) below, and return the application with payment to Chartered Accountants Australia and New Zealand (CA ANZ). (See page 6 for contact details). **Please print in BLOCK LETTERS.**

Section 1 – Eligibility criteria and checklist

Who can apply to undertake the Chartered Accountants International Pathway Program (IPP)?

To apply for membership you must meet all of the following eligibility criteria:

1. Be a current CA member in good standing of one of the following member bodies:
 - Institute of Chartered Accountants of Sri Lanka (CA Sri Lanka)
 - The Institute of Chartered Accountants of India (ICAI)
 - The Institute of Chartered Accountants of Nepal (ICAN)
 - The Institute of Chartered Accountants of Pakistan (ICAP)
2. Admitted to membership through your home body's CA qualifying program
3. Have a minimum of 5 years' CA membership with your home body
4. Currently living in Australia or New Zealand
5. Have a minimum of 5 years post membership relevant experience including a period in a senior position i.e. manager, senior manager, partner or director etc.

Required documentation to support

While completing this application form, you will be required to attach the following documentation:

- A **certified colour copy** of your passport that confirms your name and includes your photo;

- A **certified copy** of a Letter of Good Standing from your membership body, dated within 3 months of your application, confirming:
- your membership number;
 - your date of admission as a CA member;
 - you have been a full member for a minimum of 5 years;
 - you are currently a CA member;
 - you completed their CA qualifying program; and
 - you are in good standing and are compliant with all CPD requirements.

- A **certified copy** of a bill or other mailed document dated within 3 months of your application showing your name and current address in Australia or New Zealand;

CA ANZ certification requirements

- A copy of your curriculum vitae (CV) showing your full employment history
- Employer letter/s on company letterhead verifying senior level experience including position title and employment period.

Additional information you may need to provide:

- If you have changed your name, a copy of deed poll or marriage certificate.
- If you have been charged or convicted of any offence, you must provide a current National Police Check (Australia), or a Ministry of Justice Report (NZ), or overseas equivalent.
- For any declaration of bankruptcy or debt/insolvency, we will require official notes and final decision information.

We will contact you if we require any further information or documentation relating to your declarations. Missing documentation may delay the assessment of your application.

Important information:

Who needs a Certificate of Public Practice (CPP)?

Provisional Members **cannot** offer accounting services to the public (including bookkeeping). If you are unsure if this applies to your circumstances, please let us know before applying.

Australian Resident Members

Full CA members resident in Australia who are a principal in a practice and who are providing accounting services to the public for reward must hold a CPP.

New Zealand Resident Members

Full CA members resident in NZ who are a principal in a practice and/or offer accounting services to the public must hold a CPP unless they earn fees under \$13,000 per annum.

For information on what is required to get a CPP please refer to our [website](#) before applying for Provisional Membership and undertaking the International Pathway Program.

Section 2 – Personal details

Title Mr Mrs Miss Ms Other [.....>](#)

Legal First Name Legal Last Name

Legal Middle Name(s)

Preferred name Date of birth (DD/MM/YYYY) / /

I have attached a certified colour copy of my passport that confirms my name and includes a photo.

Previous name

If you are known by another name or have changed your name, upload official documentation (deed poll / marriage certificate) confirming this change.

Gender Male Female Other Prefer not to say

Do you require assistance to complete the Program?

If you have a disability or you are experiencing circumstances that will impact on your progress to membership, please indicate below and provide supporting documentation. We will follow up with you directly on your options.

Yes

What is your current citizen/ residency status?

- Australian Citizen
- Australian Permanent Resident
- Australian Student Visa
- New Zealand Citizen
- New Zealand Permanent Resident
- New Zealand Student Visa
- Other

Section 3 – Contact details

1. Residential contact details

Street address Suburb/City

State Postcode Country

Email (home) Email (alternative)

Phone (home) Phone (business) Mobile

In addition to applying for provisional Chartered Accountants ANZ membership, if you are a resident of New Zealand, by completing this application form, you will also be applying for provisional membership to the New Zealand Institute of Chartered Accountants.

2. Mailing contact details (if different to above)

Company Name (if applicable)

Position title

Street address Suburb/City

State Postcode Country

Section 4 – Home body membership

Please indicate which accounting body you are a member of by crossing the appropriate box below.

- Institute of Chartered Accountants of Sri Lanka (CA Sri Lanka)
- The Institute of Chartered Accountants of India (ICAI)
- The Institute of Chartered Accountants of Nepal (ICAN)
- The Institute of Chartered Accountants of Pakistan (ICAP)

Membership Number Date of admission / /

I have attached an original Letter of Good Standing (refer to checklist on page 1 for details)

Section 5 – Professional experience

I have attached a copy of my curriculum vitae (CV) showing my full employment history. My CV includes the following details for each employment:

- Company Name
- Position Title
- Employment Type (Full-time or Part-time). If this is part-time I have included the number of hours per week
- An outline of the work completed in that role

I have attached my employer letter/s on company letterhead verifying senior level experience including position and title and employment period

Current Employment Details

Please list details of your employment.

Company Name

Company street address

State Postcode Country

Position title

Employment type Full-time Part-time at hours per week

Duration of employment / / to / / = /
Years Months

Firm type Chartered CPA Australia Public Accounting Commerce

Other (please specify)

Section 6 – Australian Registrations/Authorities

Please indicate whether you hold any of the following registrations/authorities.

- | | Yes | No | Registration number |
|---|--------------------------|--|----------------------|
| 1. Are you a Registered Company Auditor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 2. Are you a Registered Company Liquidator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 3. Are you a Registered Tax Agent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 4. Are you a Registered BAS Agent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 5. Are you a Registered Trustee in Bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 6. Are you a Registered Tax (Financial) Advisor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 7. Are you an Approved SMSF Auditor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 8. Are you a reviewer of Second Tier Companies Limited by Guarantee in accordance with the <i>Corporations Act 2001</i> ? | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

9. Where an AFS Licence applies to you, please complete this section. If you are associated with multiple AFS Licences, please provide a schedule with the below information for each.

a) AFS Licence Type

- Full
 Limited
 Limited authority under a full licence
 None (Go to Question 10)

b) Name of AFS Licensee

c) AFS Licence Number

d) Where an AFS Licence applies to you, check which situation applies to you personally:

I personally hold this AFS Licence

Date commenced holding this licence

I am an Authorised Representative under this AFS Licence

Authorised Representative number

Date authority commenced

I am a director or trustee of this entity which holds an AFS Licence

I am a Representative (other than the above) under this AFS Licence

I am a Responsible Manager under this AFS Licence

10. Australian Credit Licence (ACL)

a) I personally hold an ACL Yes No

b) I am a representative of an ACL Yes No

If you ticked yes to either 10(a) or 10(b) above please provide the following details:

Full name of ACL

ACL number

Date commenced holding ACL/being a representative of an ACL

Section 7 – 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 a criminal charge is 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 CR2? (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

Charges pending

Please provide details of any charges pending before a court in New Zealand or overseas.

Section 8 – Privacy and Collection Statement

PRIVACY STATEMENT

Privacy is important to Chartered Accountants Australia and New Zealand ABN 50 084 642 571, 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 preference settings at any time 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 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 and consent to the CA ANZ Privacy Policy and the Privacy Collection 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.

DECLARATIONS

The information you provide in this application is covered by this declaration. Please indicate your consent and acceptance of these undertakings by signing below:

I, _____ (print name)
the undersigned, in making this application 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 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>)
- 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

Signature

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.

Full name

Date

I acknowledge and agree that by checking this box I will be taken to have signed this Form by hand for the purposes of all relevant laws, that I warrant the accuracy and truthfulness of the information provided in this form, and that CA ANZ is entitled to and will rely on my checking this box as if I had signed this form by hand.

CA ANZ consents to you executing this Form by checking the box above.

Section 9 – Submitting your application form

HOW TO SUBMIT YOUR FORM

Please email your completed form to:

EMAIL 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

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