

Practitioner Support Agreement

To accompany an application for a Certificate of Public Practice by New Zealand resident members

This agreement is between the New Zealand resident Certificate of Public Practice applicant and an existing public practitioner, and should be submitted alongside the Certificate of Public Practice application.

Important note: This agreement is to establish a time-limited practitioner-support relationship between a new practitioner and an experienced public practitioner (practitioner-support member). Any additional terms are to be agreed between the new practitioner and their support person. The practitioner-support member must hold a current Certificate of Public Practice.

Please complete **all sections** and return the application and supporting documentation to Chartered Accountants Australia and New Zealand (CA ANZ) (see **page 3** for contact details).

Section 1 – New practitioner details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	
Given name/s (in full)					Surname	
Name of practice						
Postal address					Suburb	
	City/Town				Postcode	
Street address					Suburb	
	City/Town				Postcode	
Phone (business)					Mobile	
Date of establishment of practice			/	/		
			(DD/MM/YYYY)			

Section 2 – Practitioner support member details (Practitioner support member to complete)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	
Given name/s (in full)					Surname	
Designation					Membership number	
Name of practice						
Position title						
Phone (business)					Mobile	

Section 2 continued overleaf >

Declaration

I agree to undertake a practitioner-support relationship with _____
(new practitioner)

for a period of twelve months after their CPP has been issued and will ensure we have continued and regular contact as appropriate.

I agree to give guidance and support in this practitioner-support relationship, on ethical, professional, technical and practice management issues, on an informal basis and accept no liability for actions taken by the new practitioner on the basis of this guidance and support.

I agree that, if during the course of the term I become acquainted with or have access to confidential information of the other party, I will maintain the confidentiality of that

information both during and after the term. I agree that I will not, during or after the term, for whatever reason, make improper use of the confidential information acquired by virtue of the professional-support relationship to gain directly or indirectly an advantage for myself or for any other person.

I have read paragraph NZ R100.9 of the NZICA Code of Ethics. I understand that if I have reasonable grounds for suspecting fraud, dishonesty or unethical behaviour by any other member, I am obligated to make a confidential report immediately to the New Zealand Country Head of the New Zealand Institute of Chartered Accountants and Chartered Accountants Australia and New Zealand.

I confirm that the above information is true to the best of my knowledge.

Please sign and date

Signature

Date

(DD/MM/YYYY)

Section 3 – Privacy statement and Declaration (New practitioner to complete)

Privacy statement

New Zealand Institute of Chartered Accountants (NZICA or we) is a body corporate established under the New Zealand Institute of Chartered Accountants Act 1996 (NZ). NZICA collects, holds, uses and discloses personal information (as defined in applicable legislation) about you in accordance with the privacy policy of Chartered Accountants Australia and New Zealand (CA ANZ) available at www.charteredaccountantsanz.com/privacy-policy (CA ANZ Privacy Policy).

Some of the personal information we collect comprises 'sensitive information' (as defined in applicable legislation) including information relating to membership of a trade or professional association or union, criminal records, health or other sensitive information to the extent that it is reasonably necessary for one or more of the functions or activities of NZICA.

NZICA collects your personal information to fulfil its statutory role in regulating the professional conduct of CA ANZ members resident in New Zealand. If you do not provide personal information, we may not be able to process the applicants application for a Certificate of Public Practice.

NZICA and CA ANZ may disclose personal information to each other and each of our respective agents, contractors and service providers (such as where we outsource functions to third parties), to local and international professional bodies and other regulators and government and statutory bodies in New Zealand and Australia. We may also collect information about individuals from a third party (such as other professional bodies with which we have reciprocal arrangements). It is likely that personal information will be disclosed to overseas recipients as provided in the CA ANZ Privacy Policy.

The CA ANZ Privacy Policy also sets out how you can seek to access and correct your personal information or raise a privacy concern or complaint and how it will be dealt with as well as details about the disclosure of your personal information to entities overseas.

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.

Section 3 continued overleaf >

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

Declaration

I agree to undertake a practitioner-support relationship with _____ (existing practitioner)

for a period of twelve months after my CPP has been issued and will ensure we have continued and regular contact as appropriate.

I agree that the guidance and support given in this practitioner-support relationship, on ethical, professional, technical and practice management issues, is on an informal basis and that no liability is accepted by the practitioner-support member.

Please sign and date

Signature

Date
(DD/MM/YYYY)

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.

I agree that, if during the course of the term I become acquainted with or have access to confidential information of the other party, I will maintain the confidentiality of that information both during and after the term. I agree that I will not, either during and after the term, for whatever reason, make improper use of the confidential information acquired by virtue of the practitioner-support relationship to gain directly or indirectly an advantage for myself or for any other person.

I confirm that the above information is true to the best of my knowledge.

Section 4 – Submitting your form

How to submit your form

This form should accompany your application for a Certificate of Public Practice and should be submitted to:

Email regulation.nzica@charteredaccountantsanz.com
or
Post Chartered Accountants Australia and New Zealand
PO Box 11342
Manners Street
Wellington 6142

Any questions

For further enquiries or additional information please contact the Member Support Team on:

Email regulation.nzica@charteredaccountantsanz.com
Phone **Australia**
1300 137 322 or +61 2 9290 5660 (outside of Australia)
7am-7pm (AEST), Monday-Friday (excl. Public Holidays)
New Zealand
0800 4 69422 or +64 4 474 7840 (outside of NZ)
9am-9pm (NZ time), Monday-Friday (excl. Public Holidays)
Website charteredaccountantsanz.com