

Application for a Certificate of Public Practice by a New Zealand resident member

Please fill in your Membership Number, if known

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Please complete all sections of this form. Further information regarding the requirements can be found on our website.

Section 1 - Personal details

Title Mr Mrs Miss Ms Dr Other If other

Given name/s

Family name

Preferred name DOB

Section 2 - Contact details

2.1 Personal contact details

Street address Suburb

City Postcode

PO Box Address

City Postcode

Email address

Phone (hm) (mb)

2.2 Current business details

Company/
Practice name

Primary Employer Director Partner Principal

Street address Suburb

City Postcode

PO Box Address

City Postcode

Email address

Phone (wk) (mb)

2.3 Proposed business details

Will you be practising with the above firm after attaining your Certificate of Public Practice Yes No

If you answered 'No', please provide the details of your proposed business below and complete the New Practice Entity form available on our website.

Company/ Practice name	<input type="text"/>		
Position title	<input type="text"/>		
Street address	<input type="text"/>	Suburb	<input type="text"/>
City	<input type="text"/>	Postcode	<input type="text"/>
PO Box Address	<input type="text"/>		
City	<input type="text"/>	Postcode	<input type="text"/>
Email address	<input type="text"/>		
Phone (wk)	<input type="text"/>	(mb)	<input type="text"/>

2.4 Preferred contact details

Postal address: (select one only)	<input type="checkbox"/> Home street address	<input type="checkbox"/> Home PO Box address	<input type="checkbox"/> Current business street address
	<input type="checkbox"/> Current business PO Box address	<input type="checkbox"/> Proposed business street address	<input type="checkbox"/> Proposed business PO Box address
Email address: (select one only)	<input type="checkbox"/> Home email	<input type="checkbox"/> Current business email	<input type="checkbox"/> Proposed business email

Section 3 – Professional Indemnity Insurance *(all applicants to complete)*

The NZICA Rules require that a practice entity shall at all times have professional indemnity insurance cover that is adequate and appropriate to the nature and scale of the accounting services it offers to the public.

Does the practice entity have professional indemnity insurance as described above either in your name or the name of the practice Yes No

Level of cover

Please attach appropriate supporting documentation to your application

Section 4 – Acceptable Practical Experience

Please attach the completed Certificate of Acceptable Practical Experience with this form. The practical experience period should cover at least two of the last seven years.

Was your Acceptable Practical Experience undertaken in a Public Practice environment? Yes No

If you are not joining an established multi partner practice or did not gain your acceptable practical experience in public practice, you will need to enter into a Practitioner Support Agreement which can be found on our website.

Section 5 – Continuous Professional Development

Please confirm that you have met your ongoing professional development obligations. Yes No

All Chartered Accountants are required to complete a total of 120 hours of relevant CPD during their triennium comprising of:

- At least 60 verifiable hours;
- At least 20 hours to be completed annually; and
- An additional 4 hours of ethics training every 5 years

Section 6 – Tax and law academic papers

Have you been admitted to membership via reciprocal membership? Yes No

If 'Yes', there may be requirements to complete approved courses in New Zealand Tax and Law of Organisations

Section 7 – Practitioner support person

Are you joining an established public practice firm? Yes No

If 'No', please attach the completed Practitioner Support Agreement to this application.

Section 8 – Accounting services

Please describe the nature of accounting services you intend to provide

Type of services	Please check the appropriate box	
	Yes	No
Business Advisory Services		
Business/Share Valuation Services		
Specialist Tax Advice		
Corporate Finance Services		
Tax Compliance Services		
Restructuring, Insolvency and Turnaround Services		
Audit and Assurance Services		
Other Accounting Services		

If other is selected, please provide details

Section 9 – CA ANZ Public Practice Program

Please check the appropriate box regarding the Public Practice Program: (please select only one option)

- A. I have undertaken the Institute's Public Practice Program, completed on:
- B. I have registered for the Institute's Public Practice Program, to be completed on:
- C. I request an exemption from the Institute's Public Practice Program for the following reason:

Section 10 – Bankruptcy, Crimes, Offences and Disciplinary Action

We require that you submit a current criminal convictions record obtained from the New Zealand Ministry of Justice. Please note that a conviction or offence will not automatically result in a declined application. Each case will be considered on its own merits and such details will be kept strictly confidential.

If you have lived in any country other than New Zealand for 12 months or more in the last ten years, we require a police clearance certificate from that jurisdiction. You may apply for such certificates from the New Zealand immigration website.

	Yes	No
Have you ever been convicted of any crime or offence punishable by fine or imprisonment, or are there any charges pending?		
Are you, or have you ever been, adjudged bankrupt or made an assignment for the benefit of your creditors?		
Are you, or have you ever been, subject to disciplinary proceedings by a statutory, professional or other body in respect of your professional capacity?		
Are you, or have you been, prohibited by the Registrar of Companies from managing a company?		
Have you failed to satisfy a judgement debt within the last seven years where payment has been ordered by a court in New Zealand or overseas?		
Have you been subject to disciplinary proceedings by a tertiary education institution?		

If your answer to any of the above is 'Yes', please provide additional information:

Section 11 – Character references

Please provide the details of two character references. Please provide their references on the required form to support your application. These can be found on our website.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	If other	<input type="text"/>
Given name/s	<input type="text"/>				Family name	<input type="text"/>		
Designation	<input type="text"/>							
Position title	<input type="text"/>							
Postal address	<input type="text"/>							
City	<input type="text"/>				Postcode	<input type="text"/>		
Email address	<input type="text"/>							
Phone (wk)	<input type="text"/>	<input type="text"/>	(mb)	<input type="text"/>	<input type="text"/>			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	If other	<input type="text"/>
Given name/s	<input type="text"/>				Family name	<input type="text"/>		
Designation	<input type="text"/>							
Position title	<input type="text"/>							
Postal address	<input type="text"/>							
City	<input type="text"/>				Postcode	<input type="text"/>		
Email address	<input type="text"/>							
Phone (wk)	<input type="text"/>	<input type="text"/>	(mb)	<input type="text"/>	<input type="text"/>			

Section 12 – Further information

Please provide any further information you wish to include to support your application by detailing below or attaching additional pages.

Section 13 – Privacy statement and Declaration

Declaration

Please indicate your consent and acceptance of these undertakings

I, _____ (print name) the undersigned, have read and agree to be bound by the Institute's Supplemental Royal Charter By-laws, Regulations, Code of Conduct, Guidelines and any documents prescribing any ruling on the standards of practice and professional conduct, including technical standards, as required by the Institute.

- | | |
|---|---|
| <ul style="list-style-type: none">I agree to abide by the lawful decisions of the Institute's Board or any Regional or Local Council, Professional Conduct Tribunal, Standing or other Committees or Officer of the Institute to whom the Board may, in accordance with the Supplemental Royal Charter or the By-laws, delegate its functions or powersI attest that the information supplied is true and correct and agree to produce such further evidence and information in relation to this application as may be required by the Institute | <ul style="list-style-type: none">I agree to provide any records (if required) to the InstituteI 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 and subject to the regulatory requirements applicable to members in New Zealand, available here. |
|---|---|

- I hold an appropriate level of professional indemnity insurance as required under NZICA Rules, Appendix IV, paragraph 2.10 and have attached a copy of the certificate of currency
- I have undertaken training and development activities appropriate to the carrying out of public practice activities as required by Regulation CR7.

- I understand that I will be subject to Practice and Quality Review
- I have read, understood and agree to all of the Institute's terms and conditions, and consent to the Institute's privacy policy and statement.
- In consideration of Chartered Accountants Australia and New Zealand's evaluation of my suitability for membership, I understand and agree that 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).

Privacy Collection Statement

New Zealand Institute of Chartered Accountants (NZICA) is a body corporate established under the New Zealand Institute of Chartered Accountants Act 1996 (NZ). NZICA and Chartered Accountants Australia and New Zealand ABN 50 084 642 571 (CA ANZ) (together us or we) respectively collect, hold, use and disclose personal information (as defined in applicable legislation) about you in accordance with CA ANZ's privacy policy available at <http://www.charteredaccountants.com.au/privacy> (CA ANZ Privacy Policy).

Some of the personal information we collect may comprise '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. We only ever use such sensitive information to the extent that it is reasonably necessary for one or more of the functions or activities of NZICA and/or CA ANZ (as applicable) or as otherwise permitted under applicable laws.

NZICA collects your personal information to fulfil its statutory role in regulating the professional conduct of CA ANZ members resident in New Zealand. We may also collect the information on this application form for assessing and processing your application, for the management and administration of your NZICA and CA ANZ 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 personal information requested, we may not be able to process your 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. By completing this form, unless you opt-out, you also consent to us disclosing information about your practice and/or business details to members of the public, including via our 'Find a CA' tool. 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, including the location of those entities) in which case your personal information will be treated securely and in accordance with data protection laws, including putting in place appropriate safeguards.

The CA ANZ Privacy Policy also sets out the contact details of our Privacy Officer and information regarding your rights (including how to withdraw you consent, if applicable), 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.

Signature

Date

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 (where your local data protection and privacy laws specifically provide you with this right). 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.

Section 14 - Fees and Payment details

Application fee: \$NZ525 (including GST)

Payable by:

Visa Mastercard Amex

Card no.

Expiry date /

Cardholder name

Cardholders signature

Certificate of Public Practice subscription fees

The CPP subscription fee is based on the CA ANZ financial year (1 July - 30 June) and is calculated from the date of approval. A pro-rata fee applies if the application is approved in any month other than July.

CA ANZ will calculate the relevant fees due and an invoice will be sent to you for payment once the application is finalised.

Section 15 - Checklist

All sections of the form have been completed

- | | |
|--|--|
| <input type="checkbox"/> Evidence of current and appropriate Professional Indemnity Insurance | <input type="checkbox"/> Practitioner Support Agreement (if applicable) |
| <input type="checkbox"/> Completed Certificate of Acceptable Practice Experience | <input type="checkbox"/> Character References – two are required |
| <input type="checkbox"/> Ministry of Justice Criminal Conviction Certificate and, if applicable, Police Clearance Certificate from the overseas jurisdiction | <input type="checkbox"/> Evidence of tax and law academic papers (if applicable) |
| | <input type="checkbox"/> Payment details provided |

Section 16 - 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