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**FORM TR02: APPLICATION FOR CHANGE IN A TRAINING OFFICER**

**Please ensure that you have read the following documents before completing this application form:**

**- TR10: ICAZ Training Regulations**

**INSTRUCTIONS FOR COMPLETION AND LODGEMENT OF THIS FORM:**

* This form must be completed by the training officer.
* The application form must be lodged at the offices of ICAZ in Harare via e-mail to [joylynm@icaz.org.zw](mailto:felicityg@icaz.org.zw)
* Incomplete or out of date forms will not be considered by the Training Requirements Committee. Please ensure that you are completing the latest version of the application form.
* Please complete this form electronically. Hand-written forms will not be accepted or considered.

**For further information please contact Mrs Joylyn Kanukai at (04) 252672-3 or e-mail to** [joylynm@icaz.org.zw](mailto:felicityg@icaz.org.zw)

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| **ADMINISTRATIVE INFORMATION** | | | |  | | | | | | | |
|  | |  | |  | | | | | | | |
|  | | Name of training office | |  | | | | | | | |
|  | | Postal address of training office | | | | | | | | | |
|  | |  | | | | | | | | | |
|  | | Street address of training office | | | | | | | | | |
|  | |  | | | | | | | | | |
|  | | Telephone number of training office | | ( ) | | | | | | | |
|  | |  |  | | | |  | | | |  |
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| **CURRENT TRAINING OFFICER** | | | | | |  | | | | | |
|  | |  |  | | | |  | | | |  |
|  | | Surname | |  | | | | | | | |
|  | | Full names | |  | | | | | | | |
|  | | ICAZ membership number | |  | | | | | | | |
|  | |  |  | | | |  | | | |  |
|  | |  |  | | | |  | | | |  |
| **PROPOSED TRAINING OFFICER** | | | | | |  | | | | | |
|  |  | |  | | | |  | | | |  |
|  | Surname | | |  | | | | | | | |
|  | Full names | | |  | | | | | | | |
|  | ICAZ membership number | | |  | | | | | | | |
|  | E-mail address of proposed training officer | | |  | | | | | | | |
|  | Telephone number of proposed training officer | | | ( ) | | | | | | | |
|  | PAAB registration number of training officer | | |  | | | | | | | | |
|  | Is the proposed new training officer a Registered ICAZ Assessor | | | | YES | | | | NO | | | |
|  | Effective date that the new training officer will assume duty | | | | DD | | | MM | | YY | | |
|  | Please provide information on the reason for the change in training officer | | | | | | | | | | | | |
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| --- | --- | --- | --- |
| Person applying on behalf of the training office | | | |
|  | Surname | |  |
|  | Full names | |  |
|  | | | |
| I, the undersigned duly authorised for and on behalf of the training office, hereby apply for the registration of the abovementioned training officer. I confirm that the training officer is, by virtue of a directors’ or partners’ resolution, empowered to act on behalf of the training office in matters pertaining to the training of trainee accountants employed by the training office to which he/she is appointed. | | | |
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| **Signature (Authorised director)** | | **Date** | |
|  | | | |
| I, the undersigned, hereby apply to be registered as the training officer of the abovementioned training office. I undertake to act in this capacity in accordance with the applicable regulations and requirements of ICAZ | | | |
|  | | | |
|  | |  | |
| **Signature (New Training Officer)** | | **Date** | |