

**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
* Incomplete or out of date forms will not be considered by the Training Requirements Committee.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

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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 | ( ) |
|  |  |  |  |  |
|  |  |  |  |  |
| **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** |