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**FORM TR04: APPLICATION FOR AN INCREASE IN THE NUMBER OF TRAINEES THAT MAY BE ENGAGED**

**ORGANISATIONS IN PUBLIC PRACTICE**

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

**- P01 Policies relating to the accreditation of training offices**

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

* This form must be completed by the training officer.
* The application form (and all relevant attachments) 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* Incomplete or out of date forms will not be considered by the Education Committee.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** | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | Name of training office | | | | | | | | | | | | | |  | | | | | | | | |
|  | Name of training officer | | | | | | | | | | | | | |  | | | | | | | | |
|  | Name of person who is responsible for administration relating to training contracts | | | | | | | | | | | | | |  | | | | | | | | |
|  | Postal address of training office | | | | | | | | | | | | | | | | | | | | | | |
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|  | Street address of training office | | | | | | | | | | | | |  | | | | | | | | | |
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|  | Telephone number of training office | | | | | | | | | | | | | | ( ) | | | | | | | | |
|  | Cellphone number of training officer | | | | | | | | | | | | | | ( ) | | | | | | | | |
|  | E-mail address of training officer | | | | | | | | | | | | | |  | | | | | | | | |
|  | PAAB practice number of firm | | | | | | | | | | | | | | |  | | | | | | | | |
|  | PAAB registration number of training officer | | | | | | | | | | | | | | |  | | | | | | | | |
|  | When was the training office accredited by ICAZ? | | | | | | | | | | | | | | MM | | | | | YY | | | |
|  | On which date did your most recent training office visit take place? | | | | | | | | | | | | | | MM | | | | | | YY | | |
|  | What rating did you achieve for the visit (please tick)? | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1 | |  | | 2 | | |  | 3 | | |  | | | | | 4 | | | |  | |
|  | How many trainees are currently registered to your training office? | | | | | | | | | | | | | |  | | | | | | | | |
|  | What is the current trainee quota of the training office? | | | | | | | | | | | | | |  | | | | | | | | |
|  | | What is the new total quota that you are applying for? | | | | | | | | | | | | |  | | | | | | | | |
|  | For which elective(s) are you currently accredited? (please tick) | | | | | | | | | | | | | | | | | | | | | | |
| Auditing & Assurance | | |  | | Financial Management | |  | Internal Audit. Risk Management & Governance | | |  | Taxation | | | | |  | | Management Decision-Making & Control | | | |  |

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| **ACCREDITATION STATUS** | | | | | | | | | | |
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|  | | Classification of training office (please tick) | | | | | | | | |
| Stand-alone training office | | | | Tick | | Head office with its branches (a group training office) | | | | Tick |
|  | | If you selected “head office” in the question above, please list the branches where trainees may be deployed: | | | | | | | | |
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|  | | | Current partners and staff of the training office: | | | | | | | | |
|  | | | **STAFF DESCRIPTION** | | | | **NUMBER** | |  | | |
|  | | | No. of partners | | | |  | |  | | |
|  | | | No. of professional staff: CAs (excl. partners) | | | |  | |  | | |
|  | | | No. of professional staff: Managers | | | |  | |  | | |
|  | | | No. of professional staff: Supervisors | | | |  | |  | | |
|  | | | No. of professional staff: Bookkeepers | | | |  | |  | | |
|  | | | No. of professional staff: Tax advisors | | | |  | |  | | |
|  | | | No. of currently registered trainee accountants | | | |  | |  | | |
|  | | No. of potential trainee accountants (not yet registered) | | | | |  |  | | |
|  | | | No. of professional staff: Other (excl. trainee accountants) | | | |  | |  | | |
|  | | | *Please specify:* | |  | |  | |  | | |
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|  | | | No. of support and service staff | | | |  | |  | | |
|  | | | TOTAL STAFF | | | |  | |  | | |

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| **PLEASE ENCLOSE THE FOLLOWING INFORMATION TOGETHER WITH YOUR APPLICATION** | | | | | | | | | | |
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|  | **ATTACHM ENT 1:** | | | | | | | | | |
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| A letter of motivation explaining why you wish to increase the quota of trainees for which you are accredited. | | | | | | | | | | |
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|  | **ATTACHMENT 2:** | | | | | | | | | |
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| Detail of clients for the current period (please do not reflect any anticipated growth in the client base): | | | | | | | | | | |
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| **Please present the information required in this section in the following format:** | | | | | | | | | | | |
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|  | **Elective for which you are currently accredited:** | | | | | | | Name of elective(s) | |  | |
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|  | Engagements relating to the elective you have indicated above | | | | | | | | | | |
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| **CLIENT NAME** | | | **INDUSTRY** | **APPROXIMATE HOURS IN THE PERIOD ABOVE** | | | **APPROXIMATE FEES IN THE PERIOD ABOVE** | | **NUMBER OF PERSONS DIRECTLY INVOLVED IN ENGAGEMENT** | | |
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| Etc. | | |  |  | | |  | |  | | |
| **TOTALS** | | | |  | | |  | |  | | |
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|  | **General** | | | | | | | | | | |
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| Supply additional information which you consider necessary for ICAZ to assess your application. | | | | | | | | | | | |
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| **Undertaking** | | | | | | | | | | | |
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| In the event of this application for an increase in the number of trainees that may be engaged being granted, this organisation -   * acknowledges that it will meet, and continue to meet, those requirements as laid down by ICAZ for the training of trainee accountants; * undertakes to make available to the representatives of ICAZ such further information as may reasonably be required, to satisfy the Education Committee that the training of trainee accountants will be conducted effectively and in a suitable environment; * acknowledges the requirement under the *Training Regulations* to notify in writing the training department of ICAZ of any change in its ability to meet the training requirements as set out in the *Training Regulations*;and * undertakes to comply with the requirements of ICAZ in regard to the training of trainee accountants and to appoint a training officer in terms of the applicable regulations. | | | | | | | | | | | |
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| I certify that   * all the information provided in this application form is true, accurate and complete * I have read and understood the Policies relating to the accreditation of training offices | | | | | | | | | | | |
|  | | | | |  |  | | | | | |
| **Signature**  **(Training officer)** | | | | |  | **Date** | | | | | |