

## RE-ACCREDITATION SITE VISIT : TRAINEE QUESTIONNAIRE

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

- This form must be completed by the trainees indicated in the list of trainees identified by ICAZ.
- The completed form must be returned to Mrs Joylyn Kanukai by e-mail to [joylynm@icaz.org.zw](mailto:joylynm@icaz.org.zw). Each trainee should also keep a copy for his/her own records. The questionnaire will form part of the discussion with trainees during the re-accreditation site visit.

For further information please contact the Students and Members' Secretary, Mrs Joylyn Kanukai on (04)252672/3 or your queries e-mail to [joylynm@icaz.org.zw](mailto:joylynm@icaz.org.zw)

### REACCREDITATION SITE VISIT: TRAINEE QUESTIONNAIRE

1.	Trainee name											
2.	Name of training office											
3.	Start date of training contract						Month	Year				
4.	End date of training contract						Month	Year				
5.	Highest academic achievement to date						A-level	BCom	CTA	QE1/ITC	QEII/PPE	Other
6.	For which elective(s) are you currently registered (if applicable)?											
	Auditing & Assurance	<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Internal Audit. Risk Management & Governance	<input type="checkbox"/>	Taxation	<input type="checkbox"/>	Management Decision-Making & Control	<input type="checkbox"/>		

### Please rate how strongly you agree or disagree with each of the following statements by ticking in the appropriate box

7.	I have received a copy of my letter of employment and understand the content thereof.				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
8.	I understand my responsibilities in relation to my training contract, and also the responsibility of those persons who supervise me, as well as the responsibility of my training officer.				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
9.	The induction I received upon joining the training office informed and prepared me adequately for my role and responsibilities as a trainee accountant				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
10.	I have reasonable access to my training officer, through the structures within my training office				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree

11. I receive adequate on-the-job experience to enable me to achieve the competencies prescribed by ICAZ
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
12. I receive adequate on-the-job supervision and coaching and regular, timeous and constructive feedback about work I have performed
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
13. My training office has taken adequate steps to keep me informed of developments in the profession (e.g. new statements, legislation, etc.)
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
14. I clearly understand the objectives of the trainee assessment process
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
15. The assessment process functions effectively in my training office – i.e. I received regular and timeous feedback on my assessment forms.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
16. My training office takes adequate steps to address development areas identified through the assessment process
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
17. I would recommend this training office to other prospective trainees
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
18. I am positive about my career choice to become a CA(Z)
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
19. If I were to choose again I would again consider training to become a CA(Z)
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|

## UNDERTAKING

The undersigned certifies that all information provided above is true, accurate and complete

\_\_\_\_\_  
Signature  
(Trainee)

\_\_\_\_\_  
Date

*ICAZ reserves to the right to take disciplinary action against trainee accountants if the information provided in a questionnaire proves to be incorrect i.e. information is not a honest reflection of circumstances and trainee therefore not in compliance with the ICAZ Code of Professional Ethics*