icazmail

**FORM TR01: APPLICATION FOR ACCREDITATION AS A TRAINING OFFICE**

**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**

**- AM01 Accreditation Manual for prospective training offices**

**- TR10 ICAZ Training Regulations**

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

* This form must be completed by the prospective training officer.
* The application form (and all relevant attachments) must be lodged at the offices of ICAZ in Harare via e-mail to [registry@icaz.org.zw](mailto:registry@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* Incomplete or out of date forms will not be considered by the Education Committee.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 Registry at (04) 252 672/3 or e-mail to** [registry@icaz.org.zw](mailto:registry@icaz.org.zw)

**FEES PAYABLE:**

* **A non-refundable application fee of USD 500 must accompany your application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **ADMINISTRATIVE INFORMATION** | |  | |
|  | | | |
|  | | | |
|  | Name of proposed training office |  | |
|  | Name of proposed training officer |  | |
|  | Name of proposed person who will be responsible for administration relating to training contracts |  | |
|  | Postal address of proposed training office | | |
|  |  | | |
|  | Street address of proposed training office (if different from postal address) | | |
|  |  | | |
|  | Telephone number of proposed training office | ( ) | |
|  | Cellphone number of proposed training officer | ( ) | |
|  | E-mail address of proposed training officer |  | |
|  | Title, name and surname of the managing partner of the proposed training office |  | |
|  | E-mail address of the managing partner of the proposed training office |  | |
|  | When was the organisation established? | MM | YY |
|  | Has this office ever been accredited by ICAZ? | Yes | No |
|  | If yes, what were the circumstances of its de-accreditation? | | |
|  | | | |
|  | | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACCREDITATION STATUS SOUGHT** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | Classification of prospective 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: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | For which Elective do you wish to be accredited? (please tick – Note: separate applications should be made where multiple Electives are sought) | | | | | | | | | | | | | |
| Auditing & Assurance | |  | Financial Management | | |  | Internal Audit. Risk Management & Governance |  | Taxation |  | | Management Decision-Making & Control | |  |
|  | | | | | | | | | | | | | | |
|  | How many trainees do you wish to employ? | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OPERATING COMPLIANCE** | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
|  | | Please indicate what type of legal entity your organisation is (please tick) | | | | | | | | | | | | | | |
| Sole proprietor | | |  | Private company |  | Incorporated |  | | | Public sector | | | |  | | |
| Partnership | | |  | Public company |  | Close corporation |  | | |  | | | |  | | |
|  |  | | | | | | |  | | |  | | | |  | |
| Please provide the following information: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Company registration number, if applicable | | | | | | | |  | | | | | | | |
|  | PAAB practice number of firm (if applicable) | | | | | | | |  | | | | | | | |
|  | PAAB registration number of training officer | | | | | | | |  | | | | | | | |
|  | ICAZ membership number of training officer | | | | | | | |  | | | | | | | |
|  | Designation of the training officer (partner; sole proprietor; director, CFO, etc) | | | | | | | |  | | | | | | | |
|  | VAT number of your organisation | | | | | | | |  | | | | | | | |
|  | Is your organisation tax compliant? (attach copy of ITF 263) | | | | | | | | | | | Yes | No | | | |
|  | Does your organisation comply with Occupational Health and Safety regulations? | | | | | | | | | | | Yes | No | | | |
|  | Does your organisation comply with the Labour Act? | | | | | | | | | | | Yes | No | | | |
|  | Is the organisation a going concern? | | | | | | | | | | | Yes | No | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **THE TRAINING PROGRAMME** | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | | |
|  | Partners and staff of the proposed training office: | | | | | | | |
|  | **STAFF DESCRIPTION** | | **Current** | **After accreditation** | | | | |
|  | 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 ICAZ trainee accountants | |  |  | | | | |
|  | No. of non-ICAZ trainee accountants (e.g. ACCA, CIS, CIMA) | |  |  | | | | |
|  | No. of professional staff: Other (excl. trainee accountants) | |  |  | | | | |
|  | *Please specify:* |  |  |  | | | | |
|  |  |  |  |  | | | | |
|  | No. of support and service staff | |  |  | | | | |
|  | TOTAL STAFF | |  |  | | | | |
|  |  | | | | | | | |
|  | Provide information on the planned composition of the trainee accountants’ learning experience | | | | | | | |
|  | | | | | **Hours** | **% of total** | | |
|  | Practical experience: Estimated hours per annum for one trainee | | | |  |  | | |
|  | Simulations: Estimated hours per annum for one trainee | | | |  |  | | |
|  | Supplementary practical experience | | | |  |  | | |
|  | **Total estimated hours per annum for one trainee** | | | |  |  | | |
|  |  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Please provide information about the availability in your organisation of sufficient and appropriate information technology to enable trainees to meet ICAZ’s Training Requirements in respect of exposure to IT. In particular, provide evidence that trainees will:  (i) have regular and reasonable access to the internet to enable them to use the internet effectively as a source of information  (ii) have regular and reasonable access to an e-mail account of their own to facilitate effective communication with ICAZ  (iii) be trained adequately on the use of appropriate software applications, including, where relevant, audit, financial, data processing, e-mail and spreadsheet applications. | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  |  | | | |
|  | Please provide information on structures/procedures that will be implemented to oversee the ICAZ training programme (this includes all aspects related to trainee accountants) | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  |  | | | |
|  | Please provide information on structures/procedures that will be implemented to ensure that: (i) All line managers are adequately trained in respect of their duties relating to the training programme, including their responsibilities relating to the assessment of trainee accountants (ii) The performance of line managers in relation to their responsibilities towards the training programme is monitored and reviewed. | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  |  | | | |
|  | Please provide information on how the performance of the person who will be responsible for administration relating to training contracts will be monitored and reviewed. | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | **General** | | | | |
|  | |  | | | |
| Supply additional information which you consider necessary for ICAZ to assess your application. | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Undertaking** | | | | | |
|  | | | | | |
| In the event of accreditation 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. | | | | | |
|  | | | | | |
|  | | | | | |
| I certify that   * all the information provided in this application form is true, accurate and complete * I have read and understood the following documents:   + Policies relating to the accreditation of training offices   + Accreditation Manual for prospective training offices   + ICAZ Training Regulations | | | | | |
|  | | |  |  | |
| **Signature**  **(Prospective training officer)** | | |  | **Date** | |

|  |  |
| --- | --- |
| **PLEASE ENCLOSE THE FOLLOWING INFORMATION TOGETHER WITH YOUR APPLICATION** | |
|  |  |
|  |  |
|  | **ATTACHM ENT 1:** |
|  |  |
| A letter of motivation explaining why you wish to obtain accreditation as a training office (on an official letterhead of the proposed training office) | |
|  |  |
|  |  |
|  | **ATTACHMENT 2:** |
|  |  |
| A declaration from the executive of the organisation indicating support and allocation of resources for the training programme and the training officer | |
|  |  |
|  |  |
|  | **ATTACHMENT 3:** |
|  |  |
| A high-level organogram of the executive structure of the proposed training office, indicating the reporting lines of the training officer | |
|  |  |
|  |  |
|  | **ATTACHMENT 4:** |
|  |  |
| Your organisation’s learning and development budget for the current as well as the next year, indicating that provision has been made for the payment of, inter alia, the following:   * Student fees * PAAB levy (where applicable) * Training office reviews * Trainee salaries * Training courses for trainees (if applicable)   Etc. | |
|  |  |
|  |  |
|  | **ATTACHMENT 5:** |
|  |  |
| Copy of the proposed employment contract for prospective trainees | |
|  |  |
|  |  |
|  | **ATTACHMENT 6:** |
|  |  |
| An example of the envisaged time recording system that will be used to indicate the time spent by trainees on tasks relevant to the prescribed competencies and the work performed in respect of these tasks, including the list of activity codes. | |
|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ATTACHMENT 7:** | | | | |
|  |  | | | | |
| Detail of clients for the current period (please do not reflect any anticipated growth in the client base and also indicate the period for which it applies): | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Please present the information required in this section in the following format:** | | | | | | |
|  |  | | | | | |
|  | Engagements relating to the elective being applied for | | | | | |
|  |  | | | | | |
| **CLIENT NAME** | | **INDUSTRY** | **APPROXIMATE HOURS IN THE PERIOD ABOVE** | **APPROXIMATE FEES IN THE PERIOD ABOVE** | **NUMBER OF PERSONS DIRECTLY INVOLVED IN ENGAGEMENT** | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
| Etc. | |  |  |  |  | |
| **TOTALS** | | |  |  |  | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
|  | **ATTACHMENT A:** | | | | | |
|  |  | | | | | |
| Generic training plan (for the relevant elective being applied for) | | | | | | |