

TR3: RE-ACCREDITATION SITE VISIT QUESTIONNAIRE 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
- AM2: Re- Accreditation Manual
- TR10: ICAZ Training Regulations

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
- Incomplete or out of date forms will not be considered by the Education Committee.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) 252672-3/707670 or e-mail to joylynm@icaz.org.zw

Please take note:

- Please ensure that all the sections have been completed
- Failure to submit the questionnaire by the due date may have a negative impact on the result of the re-accreditation site visit
- Should you reschedule a confirmed re-accreditation site visit (within 10 working days of the confirmed date), a rescheduling fee of USD250.00 will be levied.
- A cancellation of a rescheduled visit may warrant disciplinary action against the Training Office and Training Officer.

ADMINISTRATIVE INFORMATION

- 1. Name of training office _____
- 2. Name of training officer _____
- 3. Name of person who is responsible for administration relating to training contracts _____
- 4. Email address and phone number of person listed above _____
- 5. Postal address of training office _____

6. Physical address of training office (if different from postal address) _____

7. Telephone number of training office () _____

8. Cellphone number of training officer () _____

9. E-mail address of training officer _____

10. Title, name and surname of the managing partner of the training office _____

11. E-mail address of the managing partner of the training office _____

12. When was the organisation established?

MM	YY
----	----

13. When was the training office established?

MM	YY
----	----

14. Classification of training office (please tick)
Stand-alone training office Tick Head office with its branches (a group training office) Tick

15. If you selected "head office" in the question above, please list the branches where trainees are deployed:

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	

10) _____

16. For which elective(s) are you accredited? (please tick)

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"/>
----------------------	--------------------------	----------------------	--------------------------	----------------------------------------------	--------------------------	----------	--------------------------	--------------------------------------	--------------------------

17. How may trainees do you employ?

18. How many trainees are you accredited for?

OPERATING COMPLIANCE

19. Please indicate what type of legal entity your organisation is (please tick) (criterion A1)

Sole proprietor	<input type="checkbox"/>	Private company	<input type="checkbox"/>	Incorporated	<input type="checkbox"/>	Public sector	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Public company	<input type="checkbox"/>	Close corporation	<input type="checkbox"/>		

Please provide the following information:

20. Entity registration number, if applicable (criterion A1) _____

21. PAAB Firm Registration number _____

22. PAAB Registration Certificate number of training officer (criterion B5) _____

23. ICAZ membership number of training officer (criterion B4) _____

24. ICAZ Assessor Number of training officer (criterion B4) _____

25. Designation of the training officer (partner; sole proprietor; director, CFO, etc) (criterion B6)

26. Does your organisation comply with the relevant laws and regulations of Zimbabwe? (criterion A3)

Yes	No	N/A
-----	----	-----

27. VAT number of your organisation (criterion A2)

28. Is your organisation tax compliant? (attach copy of ITF 263 - criterion A2)

Yes	No
-----	----

29. Does your organisation comply with Occupational Health and Safety regulations? (criterion A4)

Yes	No
-----	----

30. Does your organisation comply with the Basic Conditions of Employment and the Labour Act? (criterion A.6)

Yes	No
-----	----

31. Is the organisation a going concern? (criterion A5)

Yes	No
-----	----

32. Trainee Statistics

a) Academic profile

b) Experiential profile

Contract term

Number of trainees who, in terms of their studies		Number of trainees who are	Contract term		
			3-year	4-year	5-year
• are A-level graduates		1st year trainees			
• are undergraduates		2 nd year trainees			
• are postgraduates / ZCTA		3 rd year trainees			
• have passed ITC		4 th year trainees			
• have passed PPE/QE2		5 th year trainees			
TOTAL*			TOTAL*		

* the above totals (Academic and Experiential Profiles) should reconcile

33. Time records (criterion C3)

33.1. Do you keep time records of trainees' professional work?

Yes	No
Yes	No
Yes	No
Yes	No

33.2. Do the time records indicate the time spent by each trainee on each client or rotation?

33.3. Do the time records indicate the type of work done?

33.4. Are your time records aligned to the competencies prescribed by ICAZ?

34. Academic progress

34.1. Are you aware of and implementing the academic progress rule?

Yes	No
Yes	No

34.2. Are all your trainees aware of the academic progress rule?

35. Assessment of trainees (criterion D5)

35.1. How many registered assessors are there in your organisation?

35.2. Please list their names and ICAZ Registered Assessor Numbers: (Note: If there is not enough space provided below, please attach the list to this questionnaire)

Name	Surname	Registered Assessor Number

35.3. What is the ratio of assessors to trainees?

35.4. How many reviewers are there in your organisation? _____

35.5. What is the ratio of reviewers to trainees? _____

36. **Current partners and staff of the training office:**

STAFF DESCRIPTION	NUMBER	Professional affiliations eg [CA(Z), CIS, ACCA, CIMA]
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, CIMA)		
No. of professional staff: Other (excl. trainee accountants)		
<i>Please specify:</i>		

No. of support and service staff		
TOTAL STAFF		

37. Provide information on the planned composition of the trainee accountants' learning experience

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

Hours	% of total

- 38.** 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:
- (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
 - (iii) are trained adequately on the use of appropriate software applications, including, where relevant, audit, financial, data processing, e-mail and spreadsheet applications.
-
-
-

- 39.** Please provide information on structures/procedures that have been implemented to oversee the ICAZ training programme (this includes all aspects related to trainee accountants)
-
-
-

- 40.** Please provide information on structures/procedures that have been 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.
-
-
-

- 41.** Please provide information on how the performance of the person who is responsible for administration relating to training contracts is monitored and reviewed.
-
-
-

- 42.** Please provide information on the steps taken in your organisation to make trainees aware of the importance of remaining technically competent throughout professional life.
-
-
-

43. Please provide information on how you monitor trainees' academic progress (*This could include documentation that is kept on personnel files*)

44. Please provide information on the processes followed to schedule trainees on assignments/clients/rotations.

SUMMARY OF CLIENTS FOR THE CURRENT PERIOD (PLEASE DO NOT REFLECT ANY ANTICIPATED GROWTH IN THE CLIENT BASE): (criterion C2)

45. Please indicate the financial period to which the information provided by you in the schedule below pertains:

From	To
------	----

46. Summary of work available for trainees?

--

		TOTAL HOURS	
Public companies			
Private companies			
Close corporations			
Co-operatives			
Other corporate bodies			
Charitable, religious and similar bodies			
Partnerships			
Individuals			
Public sector			
Other			
GRAND TOTAL			

47. General

Undertaking

In the event of continued accreditation being granted, this organisation -

- acknowledges that it will 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; and
- 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*.

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 training offices
 - ICAZ Training Regulations

Signature
(Training officer)

Date

PLEASE ENCLOSE THE FOLLOWING INFORMATION TOGETHER WITH YOUR COMPLETED QUESTIONNAIRE

48. ATTACHMENT 1: (criterion B6)

A declaration from the executive of the organisation indicating support and allocation of resources for the training programme and the training officer

49. ATTACHMENT 2: (criterion B6)

A high-level organogram of the executive structure of the training office, indicating the reporting lines of the training officer

50. ATTACHMENT 4: (criterion C2)

Detail of clients for the current period (please do not reflect any anticipated growth in the client base):

Please present the information required in this section in the following format:

50.1. Accredited Electives:

List of Engagements

CLIENT NAME	INDUSTRY	APPROXIMATE HOURS IN THE PERIOD ABOVE	APPROXIMATE FEES IN THE PERIOD ABOVE	NUMBER OF PERSONS DIRECTLY INVOLVED IN ENGAGEMENT
Etc.				
TOTALS				

51. ATTACHMENT A:

Generic training plan relating to the elective(s) for which you are accredited.

PLEASE NOTE: Please complete a separate training plan for each elective for which you are accredited. Please complete ONLY those training plans related to the elective(s) for which you are accredited.

52. DOCUMENT 1: (criterion A1)

Appropriate entity registration form

53. DOCUMENT 2: (criterion A6)

A copy of the employment contract your organisation issues to ICAZ trainees.

54. DOCUMENT 3: (criterion B2)

(i) Policy document that sets out the following policies :

- The responsibilities of the training officer and the trainee accountants;
- The responsibilities of staff members who supervise trainees; and
- The reporting lines of trainee accountants.

(ii) Evidence that the policies were communicated to all trainees

(iii) Evidence that the policy documents are available to trainees

55. DOCUMENT 4: (criterion B11)

- Evidence that the Training Regulations have been communicated to trainee accountants and training office administrators
- Evidence that the Training Regulations are readily available to trainees and training office administrators.

56. DOCUMENT 5: (criterion C1)

- List of Trainees
- Table of contents of trainee induction programme
- Attendance register of most recent trainee induction programme

57. DOCUMENT 10: (criterion C5)

Summary of total core experience and work attendance hours achieved to date for each active trainee

58. DOCUMENT 10: (criterion C5)

Report on simulations attended by trainees and the assessment results.

59. DOCUMENT 11: (criterion D2)

- Document that sets out the organisation's assessment policy, including the assessment appeals process
- Evidence that the policy has been communicated to all trainees, reviewers, evaluators and assessors;
- Evidence that trainees, reviewers and evaluators have received formal instruction/training on the
 - The prescribed professional and technical competencies,
 - The assessment process and

60. DOCUMENT 12: (criterion D3)

Evidence of how you as the training officer regularly evaluate the effectiveness, timeousness, fairness and consistency of reviewers, evaluators and assessors.

61. DOCUMENT 13: (criterion D4)

- Document that sets out the procedures to adjudicate in instances where trainees and reviewers and evaluators cannot reach agreement on the rating for an outcome
- Evidence that the procedures have been implemented.

62. DOCUMENT 14: (criterion D1)

The following assessment documents for each of the trainees listed in Document 5:

- Three latest ANAs
- The TSRs and PSRs included in the latest ANA