

APPLICATION FOR ACADEMIC TRAINEESHIP

THIS APPLICATION FORM MUST BE COMPLETED AS FOLLOWS:

- 1. Trainee details** – must be completed and signed by the prospective academic trainee (**also include attachment 1 and 2**).
- 2. Training officer details** – must be completed and signed by the prospective academic trainees training officer.
- 3. Head of Accountancy Unit** – must be completed and signed by the prospective academic trainees Head of School / Department (**also include attachment 2**).
- 4. Recommendation by the IPD** – this section will be signed off once the application has been reviewed by the IPD Chairman either approving or declining this application.

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- ***Attachment 1*** – Brief CV (excluding academic records which should be included as attachment 2) of the individual applying for the academic traineeship providing a motivation for why he / she wishes to be considered for this programme.
- ***Attachment 2*** – An academic curriculum vitae of the prospective academic trainee accountant, from Matric to CTA (this must include matriculation certification AND a full academic transcript from the university of their degree as well as their June exam results).
- ***Attachment 3*** - Report by the Head of the Accountancy Unit on the eligibility of the prospective academic trainee accountant. This should be a half a page motivation for EACH academic trainee being considered motivating why he / she is a suitable candidate for the academic traineeship programme.

THIS APPLICATION WILL NOT BE CONSIDERED BY SAICA UNLESS COMPLETED AND SIGNED BY ALL PARTIES AND UNLESS ALL THE REQUIRED ATTACHMENTS ARE PROVIDED.

NOTE: ANY ALTERATIONS TO THIS FORM MUST BE SIGNED BY THE TRAINEE ACCOUNTANT, THE TRAINING OFFICER AND THE HEAD OF THE ACCOUNTANCY UNIT

1 TRAINEE DETAILS (must be completed and signed by the trainee accountant)
(Also provide attachment 1 and 2 as described on the first page of this application form)

Title:

MR	MS
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 First names¹: Initials:

Surname²: Preferred name:

ID number:

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 Date of birth:

YY	MM	DD
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Race:

African	Coloured	Indian	White	Other
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 Gender:

M	F
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Do you have a disability as contemplated by the Employment Equity Act³?

YES	NO
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If Yes, please specify:

E-mail address:

At which education institution did you obtain the **CTA** or equivalent, and in which year?

Education institution: Year:

Fulltime	Part-time
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I am employed/will be employed as a trainee accountant from:

DD	MM	YY
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DECLARATION

I have entered into a separate employment contract with the university

YES

 Please tick
 and will diligently serve the university and strive to meet my obligations as laid down in the employment contract;

I hereby apply to be accepted as an academic trainee accountant in terms of the rules of the Academic Traineeship Programme (ATP).

I declare that the information provided in this application is, to the best of my knowledge, true and correct.

 (Trainee accountant signature)

 (Date)

¹ As indicated in the trainee's identification document.
² As indicated in the trainee's identification document.
³ The Employment Equity Act (Act 55 of 1998) defines a disability as a long-term or recurring physical or mental impairment which substantially limits prospects of entry into, or advancement in employment.

2 TRAINING OFFICER DETAILS (must be completed and signed by the training officer)

Title: Initials: Surname:

Training office name: Branch:

Postal address: Code:

Physical address: Code:

Telephone no: Fax no:

Training officer e-mail address:

I hereby, on behalf of the training office, confirm that the training office has accepted the abovementioned person as an academic trainee accountant in terms of the rules of the academic traineeship programme.

I confirm that the information given in this application is, to the best of my knowledge, true and correct.

(Training officer signature)

(Date)

3 HEAD OF ACCOUNTANCY UNIT (must be completed and signed by the HOD)
(Also provide attachment 3 as described on the first page of this application form)

Initials: Surname:

University:

Postal address: Code:

Telephone no: () Fax no: ()

Head of Accountancy Unit e-mail address:

I hereby apply to SAICA to accept the abovenamed trainee accountant onto the academic traineeship programme. Should he/she be accepted I undertake to abide by the rules of the academic traineeship programme.

I confirm that the information given in this application is, to the best of my knowledge, true and correct.

(HOD signature)

(Date)

4. RECOMMENDATION BY CHAIRMAN OF IPD

Signature

Date