



ACADEMIC TRAINEE APPLICATION FORM

APPLICATION TO THE SOUTH AFRICAN INSTITUTE OF CHARTERED ACCOUNTANTS FOR ADMISSION AS AN ACADEMIC TRAINEE ACCOUNTANT

I hereby apply for admission as an Academic Trainee Accountant, believing myself to be a fit and proper person and being no less than twenty-one years of age.

Please note: Information relating to individuals will not under any circumstances be disclosed to anyone outside of the secretariat without your express consent.

Checklist of documents that must be submitted to us for approval of Academic Traineeship:

- 1. Completed application form
- 2. Copy of your ID or Passport if not SA citizen
- 3. Copy of your CV and Motivation for why you wish to be considered as an Academic Trainee
- 4. Motivation from the HOD for the prospective academic trainee accountant, explaining why he/she is suitable for academic traineeship
- 5.1 Copy of Matric Certificate,
- 5.2 Full academic transcript from the university (must include undergraduate and postgraduate information) If the prospective academic trainee accountant did not complete his/her PGDA, at your institute, the required mid-year results must be requested from the HOD at that university.

Incomplete applications will not be approved, please ensure that this application form is fully completed - do not skip sections, mark them not applicable rather than leaving them blank or provide a comment.

This application will not be considered by SAICA unless completed and signed by all parties and unless all the required attachments are provided.

Any alterations to this form must be signed by the Trainee Accountant, The Training Officer and the Head of the Accountancy Unit.

▶ TRAINEE DETAILS

Surname: Initials: Title:

Forenames:

Preferred name:

Maiden name (if applicable):

Gender (male or female): Date of birth: (DD/MM/YYYY) / /

Identity number as indicated in the Identification Document:

Passport number (non-SA citizen):

SAICA number:

Contact numbers (including dialing code): Work (.....).....

Cellular Phone (.....).....

Email address

Postal address:

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..... Code:

Physical address:

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..... Code:

To assist SAICA in measuring the success of its transformation policies, we appeal to you to indicate which racial category best describes yourself, by ticking one of the boxes below. The Board gives its undertaking that this information will only be used for the purposes of determining group statistics.

AFRICAN ASIAN COLOURED WHITE OTHER (Please specify):

Do you have a disability as contemplated by the Employment Equity Act? Yes No

If Yes, please specify:

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.

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

Education Institution:

Year completed:

Mode of delivery: Full time Part time Online

I am employed/will be employed as a trainee accountant from:

DD	MM	YY
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If so, please provide the name of the Training Office:

ETHICS & DISCIPLINE

- Have you ever been convicted of theft, fraud, forgery, issuing a forged document or perjury? Yes No
- Have you ever been convicted of any other criminal offence/s (excluding minor traffic offences)? Yes No
- Have you at any time been removed from a university on account of misconduct or any other reason? Yes No
- Is there any other information relating to your professional conduct of which SAICA should be aware? Yes No

If yes to any of the above, please provide details

DECLARATION

I have entered into a separate employment contract with the University, 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 for the Academic Traineeship Programme (ATP);

I certify that the information submitted by me herein is complete, true and correct in every detail. I undertake, if admitted, to comply with the provisions of the Training Regulations of SAICA and any amendments thereto, for so long as I shall remain a trainee:

Signature (applicant): Date:



TRAINING OFFICER DETAILS (To be completed by the training officer)

Surname: Initials: Title:

Forenames:

Preferred name:

Training office name: Branch:

Contact numbers (including dialing code). Work (.....).....

Cellular Phone (.....).....

Email address

Postal address:
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..... Code:

Physical address:
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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.

Signature of Training Officer: Date:



HEAD OF ACCOUNTANCY UNIT (To be completed and signed by the HOD)

Surname: Initials: Title:

Forenames:

Preferred name:

University office name: Campus:

Contact numbers (including dialing code). Work (.....).....

Cellular Phone (.....).....

Email address

Postal address:
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..... Code:

Physical address:
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..... Code:

I hereby, on behalf of the University, apply to SAICA to accept the abovementioned person as an academic trainee accountant, in terms of the rules of the academic traineeship programme, onto the academic traineeship programme.

I certify that the information submitted by me herein is complete, true and correct in every detail. I undertake to comply with the provisions of the Academic Traineeship Regulations of SAICA and any amendments thereto.

Signature of HOD: Date:

APPROVAL BY THE IPD COMMITTEE

To be completed by the IPD Committee or to whomever the Chairman delegated this responsibility to

Recommendation by the IPD Committee:

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I hereby, on behalf of the IPD Committee, confirm that the application of abovementioned person as an academic trainee accountant in terms of the Rules for the Academic Traineeship Programme (ATP), has been approved.

Surname: Initials: Title:

Signature: Date: