

Application by an Accounting Academic for Membership

(Under By-Law 12) (Reg CR1)

Please use this form if you are an **Accounting Academic seeking admission** to Chartered Accountants Australia and New Zealand (Chartered Accountants ANZ) **as a Full Member**. Consideration of your application can take up to six weeks. Please provide all the information and documentation required as an incomplete application will not be considered.

Please complete **ALL** sections and submit to Chartered Accountants ANZ as indicated in **section 8. Please print in BLOCK LETTERS.**

Section 1 – Membership type

Chartered Accountant (CA) Associate Chartered Accountant (ACA) Accounting Technician (AT)

Section 2 – Personal information

Title Mr Mrs Ms Miss Other Gender Male Female

First name/Surname

Preferred first name (if different to formal) Previous surname (if applicable)

Date of birth (DD/MM/YYYY) / / CA ANZ ID (if known)

RESIDENTIAL CONTACT DETAILS

Company name (if applicable)

Street address City/Town

State Postcode Country

Phone Mobile

Email Preferred email

MAILING ADDRESS (If different to above)

Postal address City/Town

State Postcode Country

Email Preferred email

Section 3 – Tertiary qualifications

Please confirm the following (by ticking the box beside each statement):

- I hold a qualification in Accounting or a related subject that is recognised as equivalent to a Doctorate or Masters level qualification in New Zealand or Australia.
- I have attached a certified copy of the original degree certificate(s) and/or full academic transcripts.

Section 4 – Academic employment history

Please confirm the following (by ticking the box beside each statement):

- I am currently employed at lecturer level or above and have been for at least five years, by one or more recognised universities or other higher education providers in Australia or New Zealand.
- I have attached a copy of my current CV outlining my academic employment history.

Section 5 – References

You must provide **two** references, each completed by a different person. The two reference forms that include the criteria are attached to the back of this form.

Section 6 – Bankruptcy, crimes, offences and disciplinary action

A positive answer to any of the questions in this section **will not** automatically result in a declined application. Each case will be considered individually on its merits. Details will be kept confidential.

Have you ever been before any court of law in any jurisdiction in Australia, New Zealand, or elsewhere and pleaded guilty to, or been found guilty of, any criminal offence which has not been set aside on appeal, or is a criminal charge pending against you? Yes No

Are you presently, or have you ever been adjudged bankrupt or made an assignment for the benefit of your creditors? (if applying for NZ membership) **or**; Yes No

Have you executed an authority under Part X of the *Bankruptcy Act 1966*? (if applying for Aus membership)

Are you, or have you ever been prohibited by the Registrar of Companies from managing a company? (if applying for NZ membership) **or**; Yes No

Are you presently, or have you been subject to a notice not to manage a corporation as provided in Part 2D.6 of the *Corporations Act 2001*, or been refused registration for any of the registrations identified in CR2? (if applying for Aus membership) Yes No

Are you, or have you ever been subject to disciplinary proceedings by a Tertiary Education Institution? Yes No

Are you, or have you ever been subject to disciplinary proceedings by a statutory, regulatory, professional, or other body in respect of your professional capacity? Yes No

PRIVACY STATEMENT

By providing personal information to us in this form you consent to the organisation:

- (a) Disclosing to third parties your (current or former) status as a member of the organisation;
- (b) Disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by the organisation's Professional Conduct Tribunals or Appeal Tribunals (or as they may be reconstituted or renamed from time to time); and
- (c) Collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious beliefs or affiliations, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one more of the functions or activities of the organisation.

We collect, use and disclose your personal information in connection with your application, the management and administration of members and/or programs, the provision of products and services and/or to communicate with you. If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC, the Companies Office, and other regulators and government and statutory bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing your

information for promotional and marketing purposes. You can opt-out or change your communication preferences by contacting us at privacy@charteredaccountantsanz.com or on **1300 137 322** in Australia or **0800 469 422** in New Zealand. We may also have collected information about you from a third party. Your information will also be used and disclosed as set out in the organisation's Privacy Policy, available at www.charteredaccountantsanz.com/privacy. It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how the organisation handles your personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with as well as details about the disclosure of your information to entities overseas. By providing us with your information, you consent to us using, disclosing and otherwise handling your information as set out above and in that policy.

This Privacy Statement also applies to and is adopted by the New Zealand Institute of Chartered Accountants (**NZICA**). NZICA may collect, store, use and disclose your personal information in the performance of its regulatory functions under the New Zealand Institute of Chartered Accountants Act 1996 (NZ) in accordance with this Privacy Statement.

Chartered Accountants ANZ is formed in Australia. Our members are not liable for our debts and liabilities.

I have read, understood and agree to Chartered Accountants ANZ's Privacy Policy and the important information contained in the Privacy Statement above.

ADDITIONAL PROVISIONS FOR EU DATA SUBJECTS

The following additional provisions apply to you if the (EU) 2016/679 General Data Protection Regulation (**GDPR**) applies to you. GDPR will apply to you if you are or become a resident of the member states of the EU, Norway, Iceland and Liechtenstein (**EU data subjects**).

Lawful grounds: Under the GDPR, we are permitted to process your information for the purposes described above, by relying on one or more of the following lawful grounds: (a) you have explicitly agreed that we may process your information for a specific reason; (b) the processing is necessary to perform the agreement we have with you or to take steps to enter into an agreement with you; (c) the processing is necessary for us to comply with our legal obligation; or (d) the processing is necessary for our legitimate interests, which include: (i) to protect our business interests; (ii) to ensure that complaints, including complaints about member conduct, are appropriately investigated; (iii) to evaluate, develop or improve our products and services; or (iv) to keep our members informed of relevant products and services, unless you indicate that you do not wish us to do so. We generally rely on your specific consent to process special categories of personal data (i.e., 'sensitive information'). However, in some cases (for example, relating to an alleged offence), we may need to use some of that information to comply with our legal obligations.

Withdrawing your consent: Where you have consented to our processing of your information (including special categories of personal data), you may withdraw your consent at any time. To do so, contact us using the details set out in our Privacy Policy. In some cases we may lawfully continue to process your information even after you withdraw your consent, by relying on the legal bases described above. Other important information such as transferring your personal data outside the European Economic Area information, your specific GDPR rights over your personal data and how and when we retain and destroy your personal data is explained in our Privacy Policy.

We would like to send you relevant marketing materials about our products, services, activities and events. Please tick this box if you are happy for us to send such direct marketing materials by post and electronic means. You can opt-out at any time by following the directions set out in the Privacy Statement and Privacy Policy.

Section 7 – Declaration

DECLARATION

The information you provide in this application is covered by this declaration. Please indicate your consent and acceptance of these undertakings by signing below:

I, (print name) the undersigned, in making this application declare that:

- I acknowledge that in completing this form or applying for membership (as the case may be), if I am resident in, or practice the profession of accountancy in, New Zealand at any time, in addition to my Chartered Accountants ANZ membership, I will also be admitted as a member of the New Zealand Institute of Chartered Accountants (**NZICA**) and subject to the regulatory requirements applicable to members in New Zealand, available [here](https://www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/new-zealand-regulations) (https://www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/new-zealand-regulations)
- I have read and agree to be bound by Chartered Accountants ANZ's Supplemental Royal Charter, By-Laws and Regulations (and the NZICA Act and NZICA Rules to the extent they apply to me), all applicable Codes of Ethics, guidelines and any documents prescribing any ruling on the standards or practice and professional conduct, including the technical standards, as required by Chartered Accountants ANZ and NZICA (if applicable).
- I agree to abide by the lawful decisions of the Chartered Accountants ANZ Board and NZICA Regulatory Board (if applicable) and any Regional or Local Council, Professional Conduct body, Standing or other Committees or Officer of Chartered Accountants ANZ or NZICA (if applicable) who may, in accordance with the Supplemental Royal Charter or the By-Laws, NZICA Act or NZICA Rules (if applicable) have delegated functions or powers to make lawful decisions.
- In consideration of Chartered Accountants ANZ's and NZICA's (if applicable) evaluation of my suitability for Chartered Accountants ANZ and (if applicable) NZICA membership, I understand and agree that confirmation of my responses will be sought.
- I understand that these checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s). If Chartered Accountants ANZ or NZICA collect any 'sensitive information' (as defined in applicable privacy laws) about me, I understand such sensitive information will only ever be used to the extent that it is reasonably necessary for one or more of the functions or activities of Chartered Accountants ANZ and/or NZICA (as applicable) or as otherwise permitted under applicable laws.

Signature

Name:

Date:

Section 8 – Submitting your application form

HOW TO SUBMIT YOUR FORM

Please email your completed form to:

Email assessment@charteredaccountantsanz.com

ANY QUESTIONS

If you have any questions you can contact our Service Centre:

Email service@charteredaccountantsanz.com

Phone AUSTRALIA 1300 137 322
+61 2 9290 5660 (outside of Australia)
8am-6pm (AEST) Monday – Friday
(excl. Public Holidays)

NEW ZEALAND 0800 4 69422
+64 4 474 7840 (outside of New Zealand)
8am-6pm (NZ time) Monday – Friday
(excl. Public Holidays)

Website charteredaccountantsanz.com

ASSESSOR CHECKLIST (OFFICE USE ONLY):

- | | |
|--|---|
| <input type="checkbox"/> Qualification acceptable | <input type="checkbox"/> References acceptable |
| <input type="checkbox"/> Experience acceptable | <input type="checkbox"/> Declaration signed and dated |
| <input type="checkbox"/> Bankruptcy, crimes, offences and disciplinary action acceptable | |

Application by an Accounting Academic for Membership

Member Reference

The person completing this reference must **not be related** to the applicant and **must have been a member** of Chartered Accountants Australia and New Zealand (Chartered Accountants ANZ) or recognised professional body for 3 years. A recognised professional body being any GAA body Chartered Accountants ANZ has a current Reciprocal Membership Agreement with.

Please note, this reference must be signed and dated **within 3 months** of the date the application is submitted.

This form will support your application for membership. **Please print in BLOCK LETTERS.**

Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <small>.....></small>	<input type="text"/>
Applicant's name (in full)	<input type="text"/>				CA ANZ ID (if known)	<input type="text"/>

Section 2 – Referee's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <small>.....></small>	<input type="text"/>
Referee's name (in full)	<input type="text"/>					
Professional accounting body with which current full membership is held	<input type="text"/>					
Professional accounting body membership number	<input type="text"/>					
Designation	<input type="text"/>	Date admitted (if applicable)	<input type="text" value="/ /"/>			

COMPANY DETAILS

Position title	<input type="text"/>				
Company name	<input type="text"/>				
Company address	<input type="text"/>	City/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
Preferred contact phone number	<input type="text"/>	Email	<input type="text"/>		

Section 3 – Declaration

I support and recommend the above mentioned applicant for membership of Chartered Accountants ANZ. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants ANZ. I confirm that I am not related to the applicant, that I have worked with the applicant for 12 months or more and that all the information supplied above is true.

PLEASE SIGN AND DATE

Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
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OFFICE USE ONLY:

Full member for 3 years Declaration signed and dated Dated within 3 months of application

Application by an Accounting Academic for Membership

Professional Reference

The person completing this reference must **not be related** to the applicant. They must be a Chartered Accountant (CA), who is different to the person used as a member reference, who has worked with the applicant for a minimum of 12 months. An acceptable alternative would be a CA of a GAA body Chartered Accountants ANZ has a current Reciprocal Membership Agreement with or their Dean or Head of School.

This form will support your application for membership. **Please print in BLOCK LETTERS.**

Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other>	<input type="text"/>
Applicant's name (in full)	<input type="text"/>					CA ANZ ID (if known)	<input type="text"/>

Section 2 – Referee's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other>	<input type="text"/>
Referee's name (in full)	<input type="text"/>						
Professional accounting body with which current full membership is held (if applicable)	<input type="text"/>						
Professional accounting body membership number (if applicable)	<input type="text"/>						
Designation	<input type="text"/>					Date admitted (if applicable)	<input type="text"/> / <input type="text"/> / <input type="text"/>

COMPANY DETAILS

Position title	<input type="text"/>						
Company name	<input type="text"/>						
Company address	<input type="text"/>					City/Town	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		
Preferred contact phone number	<input type="text"/>			Email	<input type="text"/>		

Section 3 – Declaration

I support and recommend the above mentioned applicant for membership of Chartered Accountants ANZ. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants ANZ. I confirm that I am not related to the applicant and that all the information supplied above is true.

PLEASE SIGN AND DATE

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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OFFICE USE ONLY:

Declaration signed and dated Dated within 3 months of application

