



Application for ACCA membership

Please read all of this form carefully before completing it. This form will be read electronically so it is important that you clearly indicate your seven digit registration number below.

Please complete the form in **BLACK INK**, using **crosses (X)** or **BLOCK CAPITALS** throughout.

REGISTRATION NUMBER

In order to meet ACCA's membership requirements you must have:

- Completed the ACCA Qualification exams.
- Demonstrated effectiveness and achievement in the workplace by meeting ACCA's performance objectives having had your work overseen and agreed by a workplace mentor/training supervisor.
- Achieved 36 months of relevant supervised experience.
- Completed the Professional Ethics module (if you registered for the ACCA Qualification from 1 January 2007). If you registered before 1 January 2007, you will have transferred over to the ACCA Qualification and will not be required to complete the Professional Ethics module. However, ACCA strongly recommends that you do.

ACCA will already hold information relating to your eligibility for membership providing that you have correctly completed your Practical Experience Requirement (PER) annual return.

Please indicate here if you have completed your most recent experience with a Gold or Platinum Approved Employer – trainee development. Please provide details of your employer and scheme manager below. Your scheme manager will receive an email requesting confirmation of your eligibility for ACCA membership. If you cannot provide an email address for your scheme manager, please provide a letter from them confirming your employment and that they consent to you claiming the TDM exemption.

▼ Approved Employer name / registration number

▼ Scheme manager / mentor name

▼ Scheme manager / mentor email address

Please indicate here if you completed HKICPA's PER requirements.

Please indicate here if any of your practical experience has been achieved in a lecturing role.

Please indicate here if any of your practical experience has been achieved in a part-time role.

Please indicate here if you have recorded your experience using a TDM booklet.

ACCA USE ONLY BOXES

No fee Docs Fee code £ £ £ P P Amount

PERSONAL DETAILS

Forename(s)

Text input field for forename(s)

Surname

Text input field for surname

Date of birth

Date of birth input fields (DD MM YYYY)

Honours (classification)

Text input field for honours

PLEASE COMPLETE THE FOLLOWING SECTIONS ONLY IF YOUR DETAILS HAVE RECENTLY CHANGED.

NEW RESIDENTIAL ADDRESS

Number/Street

Text input field for residential number/street

Town/City

Text input field for residential town/city

County/State

Text input field for residential county/state

Postcode

Text input field for residential postcode

Country

Text input field for residential country

NEW BUSINESS ADDRESS

Job title

Text input field for business job title

Company name

Text input field for business company name

Number/Street

Text input field for business number/street

Town/City

Text input field for business town/city

County/State

Text input field for business county/state

Postcode

Text input field for business postcode

Country

Text input field for business country

Business tel no (incl area code)

Text input field for business telephone number

Mobile tel no

Text input field for mobile telephone number

Please indicate the address to which you wish your ACCA correspondence to be sent: Residential Business

Please indicate which address you wish to appear in the online Directory of Members: Residential Business Neither

INDUSTRY, COMMERCE OR PUBLIC SECTOR

If you work in industry, commerce or public sector cross this box.

Business category

Which one of the categories below best describes your employment?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail/Consumer | <input checked="" type="checkbox"/> Energy and utilities | <input checked="" type="checkbox"/> Manufacturing/Industry/Engineering |
| <input checked="" type="checkbox"/> Transport/Distribution | <input checked="" type="checkbox"/> Professional services | <input checked="" type="checkbox"/> IT/Communications |
| <input checked="" type="checkbox"/> Pharmaceuticals/Healthcare | <input checked="" type="checkbox"/> Leisure/Tourism/Travel | <input checked="" type="checkbox"/> Banking |
| <input checked="" type="checkbox"/> Insurance/Investment | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Local government |
| <input checked="" type="checkbox"/> National government | <input checked="" type="checkbox"/> Not for profit | <input checked="" type="checkbox"/> Health |
| <input checked="" type="checkbox"/> Other (specify) | <input type="text"/> | |

Job category

Which one of the categories below best describes your work?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Internal auditing | <input checked="" type="checkbox"/> Data processing/Management |
| <input checked="" type="checkbox"/> General management | <input checked="" type="checkbox"/> Financial management/Treasurership |
| <input checked="" type="checkbox"/> Company secretarial | <input checked="" type="checkbox"/> Taxation |
| <input checked="" type="checkbox"/> Financial accounting | <input checked="" type="checkbox"/> Management accounting |
| <input checked="" type="checkbox"/> Other (specify) | <input type="text"/> |

Number of people in organisation

- 1-10 11-50 51-250 251-2000 2001+

NOT EMPLOYED

If you are not employed please cross this box.

MEMBERS' NETWORK

A member in the UK or Ireland will normally be enrolled with the regional members' network covering his/her residential address, which will involve receiving mailings directly from that network.

If you do not wish to be enrolled, please cross here.

A member in the UK or Ireland will normally be enrolled with the employment based members' network covering his/her employment category, which will involve receiving mailings directly from that network.

If you do not wish to be enrolled, please cross here.

DECLARATION

I confirm that I have completed the ACCA practical experience requirements as specified in the Chartered Certified Accountants Regulations. I confirm that the information contained in this form is true, accurate and complete to the best of my knowledge and belief. I understand that if selected for a practical experience audit I will be required to provide evidence of meeting ACCA's practical experience requirements.

I understand that any false or misleading statement in this form could lead to disciplinary action being taken against me and/or may invalidate any decision reached on this application. I have read bye law 8, liability to disciplinary action, and I confirm there is nothing I should bring to ACCA's attention at the present time. I understand that the UK Rehabilitation of Offenders Act 1974 does not apply to the accountancy profession, and that I am therefore required to disclose spent convictions.

I undertake that, if admitted as a member, I will, so long as I remain a member of ACCA, abide by the bye-laws and all regulations made thereunder. I further undertake that I will use the designation 'Chartered Certified Accountant' and the designatory letters 'ACCA' (or 'FCCA' when I become a fellow) only while I remain a member of ACCA. I am aware of the importance of professional values, ethics and behaviours and my obligation to ACCA's code of ethics. I acknowledge my duty to maintain the quality of my knowledge and will undertake adequate continuing professional development as directed by Council and specified in the Chartered Certified Accountants Membership Regulations.

Signature

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Date

D	D	M	M	Y	Y	Y	Y
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CHECKLIST

To be eligible for admission to membership you must have

- Completed the exams
- Achieved 13 performance objectives to the satisfaction of a workplace mentor/training supervisor and have recorded your progress through the Trainee Development Matrix (TDM)
- Completed and recorded a minimum of 36 months relevant experience via your PER annual return
- Completed the Professional Ethics module, if you registered after 1 January 2007

Additional Notes

- If any of your relevant experience has been achieved in a **part-time** role please enclose a breakdown of the hours worked together with your application
- If any of your relevant experience has been achieved in a **lecturing** role please enclose detail of the subjects and level taught together with your application
- If you work in public practice and you sign or produce any accounts or report or certificate of tax return concerning any person/organisations financial affairs that may be relied upon by a third party please enclose a current job description together with your application



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