

# Application to register a Fast Track student

Please use this form if your student has completed the AAT qualification.

Please complete and return to

Applications, Learning & Professional Development  
The Institute of Chartered Accountants in England and Wales  
Gloucester House, 399 Silbury Boulevard  
Central Milton Keynes, MK9 2HL  
Milton Keynes, UK

## The Student

Family name / Surname \_\_\_\_\_ Mr, Mrs, Miss, Ms or other title \_\_\_\_\_

Given name / Forename(s) \_\_\_\_\_

Private address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel no \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Has the student previously registered with the ICAEW to sit exams without a training contract? Yes  No

If yes, registration number

## The Training Organisation

Name of organisation \_\_\_\_\_ Training office number \_\_\_\_\_

Office address (where student is based) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

In case of queries, please contact (name) \_\_\_\_\_

Tel no \_\_\_\_\_ Email \_\_\_\_\_

**1** I apply to register the above named student with the ICAEW. The student has been provided with an ICAEW training contract.

**2** a) The training contract began on \_\_\_\_\_ and is for \_\_\_\_\_ months of approved training.<sup>1</sup>

If the student is applying to have a prior period of work experience counted towards their training contract please complete parts **b** – **d**.

b) Number of months prior experience to be counted towards the training contract: \_\_\_\_\_ (max 12)

c) Number of days technical work experience gained during the time specified in part b: \_\_\_\_\_

d) Name of organisation where this experience was gained, if different to that named above:<sup>2</sup>

## Notes

- <sup>1</sup> The training contract must be for a minimum of 36 months and a maximum of 60 months.
- <sup>2</sup> Prior work experience must have been gained in an ICAEW authorised training organisation.

## Data Protection Act

The protection of personal privacy is an important concern to the ICAEW and any personal data collected will be treated in accordance with current data protection legislation. The information collected by the ICAEW, may be used for statistics and profiling, communications and research purposes, examination and training administration, billing and risk assessment purposes, and to enable us to keep you up to date with relevant product and service developments. This information may be shared with third parties in pursuit of the above.

For the Institutes full data protection statement please go to [www.icaew.com/index.cfm?route=113455](http://www.icaew.com/index.cfm?route=113455)

**3 Secondary education**

Level (eg GCSE, A-level)	Title	Grade	Year of award	Country

**4 AAT qualification (This section MUST be fully completed)**

a) Please give the date that the student completed the AAT Intermediate Stage \_\_\_\_\_

b) Please give the date that the student completed the AAT Technician Stage \_\_\_\_\_

c) Please tick below the AAT Technician units that the student has completed:

- |  |  |
|--|--|
| <input type="checkbox"/> Contributing to the management of performance and the enhancement of value          | <input type="checkbox"/> Drafting Financial Statements (Central Government)    |
| <input type="checkbox"/> Contributing to the planning and control of resources                               | <input type="checkbox"/> Drafting Financial Statements (Local Government)      |
| <input type="checkbox"/> Managing systems and people in the accounting environment                           | <input type="checkbox"/> Drafting Financial Statements (NHS)                   |
| <input type="checkbox"/> Contribute to the maintenance of a healthy, safe and productive working environment | <input type="checkbox"/> Operating a cash management and credit control system |
| <input type="checkbox"/> Drafting Financial Statements (Industry & Commerce)                                 | <input type="checkbox"/> Implementing auditing procedures                      |
|  | <input type="checkbox"/> Preparing business taxation computations              |
|  | <input type="checkbox"/> Preparing personal taxation computations              |

**5 Degree (if applicable)**

Title	University/ HE institution	Type (full/part-time, sandwich)	Designation (eg BSc)	Class/grade (eg 2.1)	Year of award	Country

6 As an AAT Student you are eligible to apply for credits from some of the modules within the professional stage qualifications. To do this please visit the credits section of the students website at [www.icaew.com/students](http://www.icaew.com/students).

7 Please tick here if you would like to attempt the Financial accounting Top-Up paper

Those students who have completed 'Drafting Financial Statements' (Accounting Practice, Industry and Commerce) at the Technician level are eligible to sit a Financial accounting Top-Up paper which gives them credit from the 'Financial accounting' application module.

8 The student's starting salary is: £ \_\_\_\_\_

## 9 Mandatory Declarations

Please note that the Institute is exempt from the provisions of the Rehabilitation of Offenders Act 1974

Students are required to declare any act or default likely to bring discredit on themselves, the Institute or the profession of accountancy. This includes (but is not limited to):

- Any criminal offence or guilty plea to a criminal offence
- Bankruptcy
- Individual Voluntary Arrangements
- Failure to satisfy a judgement debt
- An adverse finding against you by a professional body or regulator

Do any of the above circumstances (or similar) apply to you? Yes  No

## 10 Ethnic Origin

At the request of the Commission for Racial Equality, you are invited to indicate your ethnic origin by ticking one of the following boxes:

- |                                 |                          |                               |                          |                 |                          |
|---------------------------------|--------------------------|-------------------------------|--------------------------|-----------------|--------------------------|
| White British – English         | <input type="checkbox"/> | Mixed White and Black African | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| White British – Scottish        | <input type="checkbox"/> | Mixed White and Asian         | <input type="checkbox"/> | Black African   | <input type="checkbox"/> |
| White British – Welsh           | <input type="checkbox"/> | Mixed Other                   | <input type="checkbox"/> | Black Other     | <input type="checkbox"/> |
| White British – Other           | <input type="checkbox"/> | Asian Indian                  | <input type="checkbox"/> | Chinese         | <input type="checkbox"/> |
| White Irish                     | <input type="checkbox"/> | Asian Pakistani               | <input type="checkbox"/> | Chinese Other   | <input type="checkbox"/> |
| White Other                     | <input type="checkbox"/> | Asian Bangladeshi             | <input type="checkbox"/> |                 |                          |
| Mixed White and Black Caribbean | <input type="checkbox"/> | Asian Other                   | <input type="checkbox"/> |                 |                          |

**If this section is not signed by both the student and the QPRT, your application will be rejected and returned to you for completion.**

**11 Student's declaration**

I confirm that:

- a. these details are correct
- b. I have been provided with a copy of the training contract referred to in section **one**
- c. I have **not** previously completed any period of service under an ICAEW training contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**12 Qualified person responsible for training's (QPRT) declaration**

I confirm that these details are correct and that the student's qualifications have been verified, or will be verified shortly (by reference to documentary evidence of the qualifications claimed). I understand that the training contract should be cancelled if the student fails to produce the documentary evidence.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Qualified person responsible for training or authorised signatory

**13  Data Protection Act**

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**15 Disability Information**

Do you have a long term or permanent disability, health problem, indisposition or specific learning difficulty, such as dyslexia, that might:

- Affect your examinations and for which you require support from the Institute?
- Affect any service or facility offered by the Institute for which you may require support?

Do you wish to notify the Institute of any condition that may fall under the above? **Yes**   
(Please enclose details with your registration)

All information disclosed will be treated in the strictest confidence and will not be passed on to your employer or any third party organisation without your express consent. If you have any questions or are not sure whether you should complete this section of the form, please contact our student support team on **+44 (0)1908 248 040**

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