



APPLICATION TO REGISTER A CHARTERED ACCOUNTANT STUDENT

Complete and submit this form to register a chartered accountant student with the Institute of Chartered Accountants in England and Wales. You must be an authorised training organisation to do so. If your student has already completed a period of service under a training contract please use the **Re-registration form**.

1. THE STUDENT PLEASE USE BLOCK CAPITALS

Family name/Surname		Mr, Mrs, Miss, Ms (or other title)
Given name(s)/Forename(s)		
Private address		Postcode
Telephone	Email	
Date of birth	Nationality	
Do you already have an ICAEW number? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, ICAEW number (if known) <input type="text"/>		

2. THE TRAINING ORGANISATION PLEASE USE BLOCK CAPITALS

Name of organisation	Training office number
Office address (where student is based)	
Postcode	
In case of queries, please contact (name)	
Telephone	Email

- (a) I apply to register the chartered accountant student named above and I confirm that the Student has been provided with an employment contract and an ICAEW training contract.
- (b) The training contract began on and is for months of Approved Training.
(Please return this form within one month of the start date.)
- (c) The student's starting salary is £
- (d) I confirm that the above details are correct and that the student's details 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:
(Qualified person responsible for training (QPRT) or authorised signatory)

Date: / /

Full name of QPRT

3. SECONDARY EDUCATION

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

4. DEGREE

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

5. OTHER ACADEMIC QUALIFICATION

Title	College/institution	Designation (eg HND)	Class/grade	Year of Award	Country

6. PROFESSIONAL QUALIFICATION

Professional body	Status (eg member, student)	Examination stage(s) passed	Country

7. 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

8. 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

9. 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"/>		

10. STUDENT'S CERTIFICATE

I agree that during the existence of this training contract and for any period up until I am admitted as a member of the ICAEW, I will:

- comply in all respects with the provisions of the Royal and Supplemental Charters, the Bye-laws and Regulations of the ICAEW which are applicable to students
- use every effort to further the objects of the ICAEW
- observe and uphold the ethical and professional standards of the ICAEW
- provide copies of my training records to the ICAEW on request
- provide promptly and willingly all possible information and assistance if asked to do so by the ICAEW in accordance with its duties.

I confirm that:

- the details given are correct
- I have been provided with an employment contract and ICAEW training contract
- I have not previously completed any period of service under a training contract.

Signature of student:

Date:

 / /

11. 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 Institute's full data protection statement please go to www.icaew.com/index.cfm?route=113455

Please return this form to:

**Applications, Learning & Professional Development
The Institute of Chartered Accountants in England and Wales
321 Avebury Boulevard, Milton Keynes MK9 2FZ**

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