Amendment to a training agreement

Please scan and email your completed form to applications@icaew.com

T +44 (0)1908 248 250

STUDENT DETAILS

If you wish to cancel a training agreement, please note that this must be completed online by the authorised individual(s) at your training office. If they are unable to do so, please contact the live web chat team at icaew.com/webchat

Name			
Student number			
Mobile (including international			
country dialling code where relevant)			
Email			
TRAINING ORGAN	IISATI	ON D	ETAILS
Name			
Training Office Number L00/X00			
Office address (where student is based)			
Postcode/zipcode			Country
Mobile (including international country dialling code where relevant)			
Email			
In case of queries please contact			
The details below can be signed operson is authorised to do so by t			rson responsible for training (QPRT), or by another individual providing that
Signature			Date
			Member
Print name			number
QPRT/deputy	YES	NO	
Job title			
In case of queries, contact number			

	ND				

This form gives details of a (please tick the appropriate box)

Change of office within our training organisation (see section A)

Suspension application (see section C)

Training agreement duration amendment (see section B)

A. CHANGE OF OFFICE WITHIN	OUR TRAINING ORGANISATION
The dates must run consecutively without any gaps. As an exam indicate the date they joined the new office was the Saturday.	ple, if the last date at their previous office was a Friday, you will need to
Date left previous office	Date joined new office
New Training Office Number L00/X00	
Office address (where student is based)	
Postcode/zipcode	Country
Email	
I can confirm that the details given above are correct.	
Signature	Date
B. TRAINING AGREEMENT DURA	ATION AMENDMENT
Original agreement duration	New agreement duration
 A training agreement is for three to five years, and any change Where a training agreement is being reduced, the work experiments Training agreements are normally only extended to meet wo 	erience requirements must have been met at the point of completion.
I can confirm that the details given above are correct.	
Signature of student	Date

C. SUSPENSION APPLICATION Suspension of a training agreement is only relevant for those who have a break in training which is more than four consecutive weeks. I apply to suspend the training agreement for the following reason. If approved, the suspension should be registered from When the student returns to work, please inform the Applications Department by submitting a further Amendment form. For further information on suspensions please see the regulations or contact applications@icaew.com

We will treat your personal information in accordance with data protection legislation. We will use your personal data to deliver your inclusive student services including advice, awareness, assessment, caba eligibility, communications, examinations, networking, products, quality, regulation, research services, training and to administer your membership account. Any documents submitted as part of your registration may be verified with the issuing authority. To meet our student obligations to you, we may share relevant personal data with communities, faculties, local groups, district & student societies, your employer, regulatory bodies, and with external assessment training and examination partners. For more information about our data protection policies, please go to Privacy notices | ICAEW