



STRUCTURED TRAINING IN ETHICS (STE) DECLARATION AND SIGN OFF

WHO SHOULD USE THIS FORM?

This form should only be used if you are unable to access the online declaration at [icaew.com/ste](https://www.icaew.com/ste) or if your training agreement has expired.

YOUR DETAILS

Name (title/forename/surname)

ACA student no.

Company name

Authorised training employer (ATE) no.

STRUCTURED TRAINING IN ETHICS (STE) STAGE 1

If you feel you have covered, in sufficient detail, the skills required at STE stage 1, please complete the following and arrange a six-monthly review meeting with your employer.

Name

Signature

Date

DD MM YY

Please ensure that your QPRT, PRT or Deputy QPRT signs below to authorise completion of stage 1.

QPRT, PRT or Deputy QPRT name

QPRT, PRT or Deputy QPRT signature

QPRT, PRT or Deputy QPRT number

Date

DD MM YY

STRUCTURED TRAINING IN ETHICS (STE) STAGE 2

If you feel you have covered, in sufficient detail, the skills required at STE stage 2, please complete the following and arrange a six-monthly review meeting with your employer.

Name
Signature
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YY
Please ensure that your QPRT, PRT or Deputy QPRT signs below to authorise completion of stage 2.
QPRT, PRT or Deputy QPRT name
QPRT, PRT or Deputy QPRT signature
QPRT, PRT or Deputy QPRT number
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YY

STRUCTURED TRAINING IN ETHICS (STE) STAGE 3

If you feel you have covered, in sufficient detail, the skills required at STE stage 3, please complete the following and arrange a six-monthly review meeting with your employer.

Name
Signature
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YY
Please ensure that your QPRT, PRT or Deputy QPRT signs below to authorise completion of stage 3.
QPRT, PRT or Deputy QPRT name
QPRT, PRT or Deputy QPRT signature
QPRT, PRT or Deputy QPRT number
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YY

Please return this form to
ICAEW (STE declarations)
Metropolitan House
321 Avebury Boulevard
Milton Keynes MK9 2FZ UK

Using your personal information

We will treat any personal information collected on this form in accordance with data protection legislation. We will use your information for administration, communication and research. To do this we will share your information with our student and district societies and with organisations that help us administer our training and exams. We may transfer your information outside the European Economic Area (EEA) eg, to one of our offices. These countries may not have similar data protection laws to the EEA. So, if we do transfer your information we will take the necessary steps to ensure that your privacy rights are still protected. For more information about our data protection policy please go to [icaew.com/dataprotection](https://www.icaew.com/dataprotection)