APPLICATION FOR REGISTERED MENTOR STATUS

NEW ZEALAND INSTITUTE OF CHARTERED ACCOUNTANTS

Please use this form to register as a mentor with NZICA. The information notes attached will assist you in completing your application and provide you with guidance on the role of a mentor – please read the notes carefully.

1 PERSONAL DETAILS – Please use capital letters. See Information Note 1.

First/Given name

Preferred first name (if different to First/Given name)

Surname/Family name

Title (Mr/Mrs/Ms/other)

Previous name (if applicable)*

Date of birth / / (day/month/year)

Current employer

NZICA ID number

Position title

Is your current employer an ATO? ☐ YES ☐ NO (please tick)

Your preferred postal address

City/Town

Postcode

Country (other than NZ)

Telephone

Cellphone

Email

* (Please supply a copy of your marriage certificate or evidence of change of name by deed poll)

2 PROFESSIONAL ACCOUNTING QUALIFICATIONS – See Information Note 2

I am a member of NZICA and hold the following designation (please tick the appropriate designation):

☐ CA ☐ ACA ☐ AT

OR

I am a full and current member of the following professional accounting body:

My professional designation is:

My membership number is:

☐ I have attached confirmation of membership of my professional accounting body (see information note 2)

3 LETTER OF ENDORSEMENT – See Information Note 3

☐ I have attached a letter of endorsment from my current employer (please tick to confirm)

OFFICE USE ONLY

Date admitted: / /

Letter of endorsement: ☐

Designation confirmed: ☐

2 years Management experience: ☐ (if applicable)

GAA/IFAC Body:

NZICA Good standing: ☐

Confirmation of membership received: ☐

CPD check: ☐

Appropriate to trainees college: ☐

Address details updated: ☐

Mentor/trainee linked: ☐

Assessor:

☐ Approved ☐ Declined

Effective date: / /

Decision date: / /

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4 PRACTICAL EXPERIENCE – See Information Note 4

Please list the positions you have held since qualifying – you need only provide details of your experience during the past ten years.

Start date	End date	Employer	Position held
/ /	/ /		
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/ /	/ /		

5 CONTINUING PROFESSIONAL DEVELOPMENT – See Information Note 5

Mentors are required to have up-to-date knowledge of the technical aspects of the practical experience required for admission purposes and an awareness of current issues facing the profession. Undertaking regular continuing professional development (CPD) assists to update such awareness and knowledge.

(please tick)

☐ I confirm that I undertake regular CPD activities and comply with the ongoing membership requirements of my College membership

6 TRAINEES – See Information Note 6

Please list the details of those trainees for whom you wish to act as mentor. Please note that NZICA recommends you mentor no more than four trainees at any one time.

Personal name	Family name	NZICA ID	Provisional CA, ACA or AT	Employer

7 DECLARATION – See Information Note 7

- I wish to become a registered mentor with NZICA.
- I have read and understood the Mentor Guidelines.
- I am satisfied that I meet the requirements to become a registered mentor.
- I agree that I will uphold the goals, intent, and standards of NZICA's admissions policy.
- I agree to carry out the responsibilities of being a registered mentor as required by NZICA.
- I agree to sign-off the competencies achieved by the trainee on a quarterly basis.
- I understand that my name will appear on a list of registered mentors held by NZICA.
- I declare that the details provided in this application are correct.

Signed _____ Date / /

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INFORMATION NOTES

APPLICATION PROCESS

This application form is to be completed by those professionally qualified accountants who intend to act as mentors for trainees seeking admission to the College of Chartered Accountants or the College of Associate Chartered Accountants or the College of Accounting Technicians of the New Zealand Institute of Chartered Accountants.

Before completing this application form, it is important to have an understanding of NZICA's admissions policy, the practical experience requirements for admission, and the role and responsibilities of the mentor. This is best achieved by reading the Mentor Guidelines which may be viewed on NZICA's website (www.nzica.com).

Initial consideration of your application can take up to four weeks. You will be notified of the outcome of your application in writing. If your application is approved, then your mentor status will be effective from the date that NZICA receives your application. Please note that there is currently no policy that allows this "effective date" to be applied retrospectively.

NOTE 1 PERSONAL DETAILS

Please provide a current contact address where NZICA can send any correspondence in relation to your application. If your application is approved, a copy of the Mentor Guidelines will be sent to the preferred postal address you have provided.

NOTE 2 PROFESSIONAL ACCOUNTING QUALIFICATIONS

Mentors must be experienced, qualified members of the accounting profession, and usually members of NZICA.

If you are not a member of NZICA, you might still be eligible to be a mentor. Please provide details of your membership with another recognised professional accounting body.

NZICA will require confirmation of the following membership information about you from your professional accounting body:

- Full name and membership number
- That your are in good standing with your accounting body and are not subject to any disciplinary proceedings
- The date your accounting body approved admission to full membership
- How admission was gained (by completing your accounting body's admission requirements or reciprocal arrangement)

Please note confirmation must be dated within two months of the submission of this application.

NOTE 3 LETTER OF ENDORSEMENT

Please ensure you attach a letter from your current employer endorsing your application. The letter of endorsement is an integral part of the application process as it demonstrates that your employer recognises you have the knowledge, skills and professionalism to undertake the mentoring roles and is supportive of the time that is involved in the mentoring process.

NOTE 4 PRACTICAL EXPERIENCE

Mentors are required to possess knowledge, skills and professionalism to assist trainees to complete specified practical experience for admission purposes. Please summarise the positions you have held since becoming a qualified member. If you have more than ten years of experience as a qualified accountant, please provide details of your experience for the past ten years only.

NOTE 5 CONTINUING PROFESSIONAL DEVELOPMENT

Mentors are expected to possess knowledge of the technical aspects of the practical experience required for admission purposes, and an awareness of current issues facing the accounting profession. Please verify that you undertake regular professional development activities and comply with the ongoing membership requirements. Members of NZICA are also asked to make a CPD declaration on their annual return.

NOTE 6 TRAINEES

Please complete the table listing the details of those trainees you wish to mentor. Where the trainee is not employed in your place of work, please attach details of your relationships with the organisation and the trainee, and outline how you intend to structure the mentoring relationship. If you do not currently have any trainees under your guidance, you may still apply to be a registered mentor.

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NOTE 7 DECLARATION

All information provided with this application is covered by the declaration.

RETURN ADDRESS

Please send you completed application to:

Customer Service Centre
New Zealand Institute of Chartered Accountants
PO Box 11342
Wellington 6142
NEW ZEALAND

FURTHER INFORMATION

If you hvae any questions, please refer to our website www.nzica.com or contact our:

Customer Service Centre
Tel: +64-4-474 7840
Email: customer@nzica.com