

CERTIFICATE OF ACCEPTABLE PRACTICAL EXPERIENCE

(TO ACCOMPANY A CPP APPLICATION)

1 EMPLOYER/ SUPERVISOR/ MANAGER/ SENIOR-CA DETAILS

First name(s)	Surname
Mr/Mrs/Miss/Ms/Dr/other	Designation
Company / practice name	Position title
Postal address	
City	Postcode
Telephone	Mobile

2 APPLICANT DETAILS

First name(s)	Surname
Mr/Mrs/Miss/Ms/Dr/other	NZICA number

3 RELATIONSHIP WITH APPLICANT

Is the applicant a near relative? (please ✓ as appropriate) Yes No

For how long have you known the applicant?

Working relationship with applicant during period of employment

4 EMPLOYMENT COVERED BY THIS CERTIFICATE

Period from / / to / /	Position held
Full-time	
Company / practice name	
Address of company / practice	

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PRACTICAL EXPERIENCE UNDERTAKEN

Please describe the nature of the accounting services that the applicant has undertaken during the period of experience covered by this Certificate

Please describe the level / seniority at which the applicant has been working. Please comment on this in terms of involvement in determining (internal or external) client needs; developing solutions or processes to meet those needs; and assessing the effectiveness of solutions or processes developed

Please describe the applicant's level of skill in the general skills listed at the end of this form

Please describe the applicant's appreciation of the Code of Ethics standards, these being integrity, objectivity and independence, competence, quality performance and professional behaviour

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ADDITIONAL INFORMATION

Are there any other facts about the applicant that you are aware of that NZICA should know about in considering the application? Yes? No?

If 'Yes', then please give details

DECLARATION

I confirm that the above information is true to the best of my knowledge

Signature

Date / /

ACCEPTABLE PRACTICAL EXPERIENCE

To meet the requirements, the applicant must have completed two years' acceptable practical experience while a member of the CA College. Please refer to the CPP Guidelines for information on experience that will be considered "acceptable".

It is preferable that Certificates of APE are signed by members of the CA College holding a Certificate of Public Practice (CPP) themselves. In most cases, the applicant's employer is the most appropriate person to complete the form. However, NZICA recognises that due to the sensitive nature of some applications (such as where the applicant intends to leave their present place of work to commence practice) this is not always possible or desirable. The form must therefore be verified by an individual in a position to attest to the applicant's competence based on workplace evidence, such as an employer, supervisor, manager or CA in a senior role.

GENERAL SKILLS

To meet the requirements, the applicant is required to have demonstrated the following general skills to a level appropriate for a CA member offering accounting services to the public:

- Ability to form own opinions / independent thinking
- Skill in preparing and reviewing work papers
- Skill in applying legal and regulatory requirements
- Skill in risk management processes and risk analysis
- Skill in self management, including stress management
- Skill in negotiation
- Skill in charging and billing practices
- Skill in client management responsibility

USE OF REFERENCE

The information and opinion you provide will be used by NZICA to assess the suitability of the applicant for a CPP. In particular we seek to confirm that the applicant is capable of adhering to a high standard of professional practice and integrity.

Any reference you provide may be made available to the applicant on request.

SUBMISSION OF REFERENCE

This form may be given to the applicant to submit with their application or you can send this form directly to NZICA at the address below. Please let the applicant know which option you choose. We are unable to process the application until we receive this certificate.

FURTHER INFORMATION

If you have any queries, please contact NZICA:

NZICA Customer Service Centre
New Zealand Institute of Chartered Accountants
Wellington, 6142
P O Box 11 342

Tel: +64 4-460 0606
Fax: +64 4-473 6303
Email: customer@nzica.com
Website: nzica.com