

APPLICATION FOR REGISTERED MENTOR STATUS

Please use this form to register as a mentor with the New Zealand Institute of Chartered Accountants.

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. Additional space has been provided at the end of this form, should you wish to make any further comments.

1 PERSONAL DETAILS (See Information Note 1)

Personal name(s) _____

Family name _____

Position title _____

Institute ID _____

Email _____

Date of birth _____

Current employer _____

Is this organisation an ATO? (Please circle) Y / N

Preferred postal address _____

Post code _____

City / town _____

Country _____

Telephone _____

Fax _____

2 PROFESSIONAL ACCOUNTING QUALIFICATIONS (See Information Note 2).

I am a member of the New Zealand Institute of Chartered Accountants 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: _____

and my membership number is: _____

3 LETTER OF ENDORSEMENT (See Information Note 3)

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

APPLICATION FOR REGISTERED MENTOR STATUS

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

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 the Institute recommends you mentor no more than four trainees at any one time.

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

7

DECLARATION (See Information Note 7)

- I wish to become a registered mentor with the New Zealand Institute of Chartered Accountants.
- 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 the Institute's admissions policy.
- I agree to carry out the responsibilities of being a registered mentor as required by the Institute.
- 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 the Institute.
- I declare that the details provided in this application are correct.

Signed:

Date:

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 the Institute'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 the Institute's website (www.nzica.com).

Initial consideration of your application can take up to four weeks. You will be notified when your application is approved.

If your application is approved, then your mentor status will be effective from the date that the Institute 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 the Institute 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 the Institute.

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

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 the Institute are 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.

NOTE 7 DECLARATION

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

On completion of the application, please return to:
Registry Services Helpdesk
New Zealand Institute of Chartered Accountants
PO Box 11-342
Wellington
NEW ZEALAND
Telephone: +64-4 474 7840
Email: registry@nzica.com
Website: www.nzica.com