

APPLICATION TO REGISTER AS AN INDEPENDENT STUDENT

Complete and submit this form to register as an independent student with the Botswana Institute of Chartered Accountants. Registration allows you to sit all BICA examinations except for the Case Study. You can only apply and sit the Case Study exam once you have begun the third year of your period of approved training.

1. THE STUDENT PLEASE USE BLOCK CAPITAL

Family name/Surname		Mr, Mrs, Miss, Ms (or other title)
Given name(s)/Forename(s)		
Private address		
Telephone		Email
Date of birth		Nationality
Do you already have a BICA number? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, BICA number (if known) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

2. SECONDARY EDUCATION

Level (eg GCSE, A-level)	Title	Grade	Year of Award	Country

3. DEGREE

Designation (eg BSc)	Title	Class/grade (eg 2.1)	Year of Award	University/ HE Institution	Type (Full time, sandwich, part time)	Country

4. OTHER ACADEMIC QUALIFICATION

Title	College/Institution	Designation (eg) HND	Class/Grade	Year of Award	Country

5. PROFESSIONAL QUALIFICATION

Professional body	Status (eg member, student)	Examination stage(s) passed	Country

6. MANDATORY DECLARATION

Students are required to declare any act or default likely to bring discredit on themselves, the Institute or the profession of accountancy. This includes (but is not limited to):

- Any criminal offence or guilty plea to a criminal offence;
- Bankruptcy;
- Individual Voluntary Arrangements;
- Failure to satisfy a judgement debt;
- An adverse finding against you by a professional body or regulator.

Do any of the above circumstances (or similar) apply to you? Yes No

7. DISABILITY INFORMATION

Do you have a long term or permanent disability, health problem, indisposition or specific learning difficulty, such as dyslexia, that might:

Affect your examinations and for which you require support from the Institute?

- Affect any service or facility offered by the Institute for which you may require support?

Do you wish to notify the Institute of any condition that may fall under the above?

Yes (Please enclose details with your registration)

All information disclosed will be treated in the strictest confidence and will not be passed on to your employer or any third party organisation without your express consent. If you have any questions or are not sure whether you should complete this section of the form, please contact our student support team on +267 3972992

8. STUDENT'S CERTIFICATE

I confirm that:

- the details above are correct and I enclose certified documentary evidence of my qualification(s); and
- I have not previously completed any period of service under a BICA training contract and I have not previously registered as a prospective or independent student.

Signature:

Date:

 / /

NB: Submit one passport photo.

9. DATA PROTECTION-our commitment to you

The protection of personal privacy is an important concern to the BICA and any personal data collected will be treated in utmost confidentiality. The information collected by BICA, may be used for statistics and profiling, communications and research purposes, examination and training administration, billing and risk assessment purposes, and to enable us to keep you up to date with relevant product and service developments. This information may be shared with third parties in pursuit of the above.

10. FEEDBACK SECTION

Please tick in the appropriate box. Scale: (1 =Excellent, 2=Good, 3 =Fair and 4=Poor)

1. How much do you know about BICA?

2. How did you become aware of BICA?

Print Media

Billboards

TV

Radio

Website

Exhibition

Roadshow

Referrals

Word of Mouth

Social Media

Career Fair

Others

Specify

3. On a scale of 1 to 4, (1 being Excellent, 2 being Good, 3 being Fair and 4 being poor), please rate the adverts according to; Content, Relevance and Effectiveness of message.

4. How would you like BICA to contact you?

SMS

Email

Newsletter

Facebook

Twitter

Please return this form to:

**Training & Professional Development Department
The Botswana Institute of Chartered Accountants
P/Bag 0021, Gaborone**

Tel: +267 3972992