

APPLICATION TO REGISTER A CHARTERED ACCOUNTANT STUDENT

Complete and submit this form to register a chartered accountant student with the Botswana Institute of Chartered Accountants. You must be an authorised training organisation to do so. If your student has already completed a period of service under a training contract please use the **Re-registration form**.

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	Cell phone	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. THE TRAINING ORGANISATION PLEASE USE BLOCK CAPITAL

Name of Organisation	Training office number
Office address (where student is based)	
In case of queries, please contact (name)	
Telephone	Email

- a) I apply to register the chartered accountant student named above and I confirm that the Student has been provided with an employment contract and a BICA training contract.
- b) The training contract began on and is for months of Approved Training.
(please return this form within one month of the start date.)
- c) The student's starting salary is P
- d) I confirm that the above details are correct and that the student's details have been verified, or will be verified shortly by reference to documentary evidence of the qualification claimed. I understand that the training contract should be cancelled if the student fails to produce the documentary evidence.

Signature: Date: / /

(Qualified person responsible for training (QPRT) or authorized signatory)

Full name of QPRT

3. SECONDARY EDUCATION

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

4. DEGREE

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

5. OTHER ACADEMIC QUALIFICATION

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

6. PROFESSIONAL QUALIFICATION

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

7. 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

8. 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

9. STUDENT'S CERTIFICATE

I agree that during the existence of this training contract and for any period up until I am admitted as a member of the BICA, I will:

- comply in all respects with the By-laws and Regulations of the BICA which are applicable to students
- use every effort to further the objects of the BICA
- observe and uphold the ethical and professional standards of the BICA
- provide copies of my training records to the BICA on request
- provide promptly and willingly all possible information and assistance if asked to do so by the BICA in accordance with its duties.

I confirm that:

- the details given are correct
- I have been provided with an employment contract and BICA training contract
- I have not previously completed any period of service under a training contract.

Signature:

Date:

 / /

NB: Submit certified copies of educational certificates and one passport photo of the student with this application.

10. 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.

11. 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?

1 2 3 4

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.

1 2 3 4

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