Botswana Institute of Chartered Accountants

Application for BICA Counsellor

A BICA Counsellor is appointed by the Qualified Person Responsible for Training to undertake a student's six monthly review. The Counsellor must be a member of BICA or international equivalent.

Please complete and return this form to

Training & Professional Development, Private Bag 0021 Gaborone Botswana

T +267 3972992 **E** atesupport@bica.org.bw

APPLICATION DETAILS

BICA training office number _____ or _____

CCAB membership

☐ BICA ☐ ICAEW ☐ ACCA ☐ CIMA

☐ CIPFA ☐ ICAS ☐ other _____

Membership number _____

Preferred title ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Prof ☐ other _____

Name (title/forename/surname) _____

Title/position _____

Date of birth ☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY) Organisation _____

Primary business address

Country

Telephone _____

Email _____

All counsellor requests for access to restricted areas of the website must be authorised by the QPRT or equivalent.

QPRT

QPRT name _____

QPRT signature _____ Date ☐☐ ☐☐ ☐☐ (DD MM YY)

Using your personal information. We will treat any personal information collected on this form in accordance with data protection legislation. We will use your information for administration, communication and research. To do this we will share your information with our student and district societies and with organisations that help us administer our training and exams.