

Application for Election to Membership under Bye-Law 4

PLEASE USE BLOCK CAPITALS

CIPFA Contact Number	<input type="text"/>	<i>(if known)</i>
Forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Post Code/Zip Code	<input type="text"/>	
Home Telephone	<input type="text"/>	
Mobile Telephone	<input type="text"/>	
Home Email	<input type="text"/>	

A

1a I HEREBY APPLY for election to Membership of the Chartered Institute of Public Finance & Accountancy.

2 I UNDERTAKE, if elected,

- (a) Observe the provisions of the Royal Charter and of the Bye-Laws and Regulations of the Institute for the time being in force;
- (b) Observe the ethical and technical guides to conduct, principles or rules from time to time established or approved by the Institute;
- (c) Provide promptly and willingly such cooperation and assistance, as I am able, if asked to do so by the Institute in pursuance of its duties;
- (d) To participate in the Continuing Professional Development (CPD) scheme and meet the minimum requirements of the scheme by participating at **Level 1** or **Level 2** (*please delete whichever is not applicable*) for the CPD Year from _____ to _____ (e.g. July to June).

3

- (a) Date of notification of passing Professional 3 examinations _____.
- (b) Date became eligible to apply for membership (*if later than (3a) because unable to complete Section (D) of this application form*) _____.
- (c) In order for my application form to be processed I enclose the required applications fee of £_____ (*credit card details can be submitted on the reverse of the form*).

4 Date of application _____ Signature _____

B

1 Are there any matters reflecting your competence or fitness of which the Institute ought to be aware? This includes, but is not limited to: **YES/NO**

- Any conviction in the UK or elsewhere (which is not a 'spent' conviction with the meaning of the Rehabilitation of Offenders Act 1974 or equivalent legislation elsewhere) other than a motoring offence not resulting in disqualification
- Failure to satisfy a judgement debt in the UK or equivalent in other jurisdictions
- An adverse finding against you by a professional body or regulator
- Any act or default which prejudicially affects the status, reputation or welfare of the Institute
- Any act or default likely to bring discredit upon you, your employer, the Institute or the profession of accountancy

If yes, please give details on a separate sheet of paper.

2 Have you been declared bankrupt in the UK or elsewhere? **YES/NO**

If so, please provide details with this application.

If yes, but the bankruptcy has been discharged, please enclose a copy of your certificate of discharge.

3 Have you entered into a composition with creditors or a deed of arrangement for the benefit of creditors in the UK or entered into equivalent arrangements outside the UK? **YES/NO**

If so, please provide details with this application.

Please note that the Institute may make further enquiries of you and/or third parties in relation to the above disclosures in order to assess the impact upon your application for membership.

C COMPLETION OF CIPFA APPROVED TRAINING SCHEME

This section need not be completed by an applicants exempted from the workplace training requirements.

C(i) (a) **This section must be completed by an applicant who has undertaken an approved training scheme based on the CIPFA Map of Experiences and Competences.**

(b) The applicant should state below the number of competences achieved in each of the seven areas of the Map and complete the line marked Total Competences Achieved.

(c) Two experiences on the Map, G2 and K2, can only be signed off at the E2 level in the Record of Progress. The Institute will count such level of experience as a competence, to be included in the table below.

(d) The Institute identifies best practice as the achievement of 14 essential, 19 highly desirable and 10 desirable competences, but will accept achievement of a lower number of competences, provided that the shortfall is no more than 5 competences in total, of which no more than 2 are essential competences.

C(i) *Continued*

RECORD OF PROGRESS: MAP OF EXPERIENCES AND COMPETENCES

COMPETENCES						
Area	Essential		Highly Desirable		Desirable	
	Available	Achieved	Available	Achieved	Available	Achieved
Accounting	3		7		6	
Auditing	1		6		3	
Reporting	2		5		2	
Managing & Controlling Finance	4		13		13	
Using Information Technology	3		2		4	
Learning to Manage	1		4		2	
Taking account of Environmental Influences	0		1		1	
Total Competences Achieved	14		38		31	

- C(ii) (a) **This section must be completed by an applicant who has completed the revised CIPFA workplace requirements introduced in 1993.**
- (b) The applicant should state below the number of days of validated workplace experience achieved in each of the four approved areas.
- (c) The Institute identifies best practice as the achievement of 400 days validated workplace experience with at least 50 days in each of the four approved areas. However, the Institute will accept 50 days or more in each of only two of the four approved areas, provided a total of 400 days is achieved.

STUDENT LOGBOOK

<i>Approved Area</i>	<i>Number of Days of Validated Workplace Experience</i>
Accounting & Financial Reporting	
Financial Management	
Audit & Performance Review	
Managerial Skills	
Total	

D EMPLOYER CERTIFICATE

To be completed by the Training Principal, or officer authorised to act on behalf of the Training Principal.

I _____ certify that _____

has completed an approved programme of training and practical experience, OR was exempted from the CIPFA workplace training requirements. (*delete as applicable*).

Name _____ Signature _____

Job Title _____ Date _____

E RECOMMENDATION

Applications for membership of the Institute under Bye-Law 4 must be supported by the signature of one person who has known the applicant professionally for at least one year prior to application; that person must also ideally be a qualified member of a CCAB body, failing that be the applicant's line manager or the internal auditor of the applicant's employing organisation. The Institute reserves the right to require more than one such reference.

I, certify that I have known _____ for _____ years and I

recommend him/her as a fit and proper person to be elected to Membership of the Institute.

Name _____ Membership Number _____

Signature _____ Awarding CCAB Body _____

Job Title _____ Date _____

Organisation _____

F EMPLOYMENT DETAILS

Job Title: _____

Department: _____

Organisation: _____

Address: _____

Postcode: _____

Telephone Number: _____

(*Mainline/Switchboard only*)

Work Email: _____

CREDIT CARD PAYMENT DETAILS

I wish to pay my application fee and/or subscription by credit card.



CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

START DATE *(Maestro cards only)*

--	--	--	--

ISSUE NUMBER *(Maestro cards only)*

--	--

EXPIRY DATE

--	--	--	--

NAME ON CARD

AMOUNT

£

SIGNATURE OF CARDHOLDER

DATE

All payments must be made in sterling.

Please note that a receipt will be issued following the approval of your membership.

The information given on this form will be used by CIPFA to administer and manage your membership and will be held on our database. From time to time we may send you information regarding CIPFA Group products and services, but CIPFA will not sell or pass on your details to third parties without your consent.