

Additional Information

Please explain why you wish to train as a Chartered Accountant, indicating the relevant qualities you possess.

References

Please give details of two people who have agreed to write references. One should comment on your current academic achievements (eg tutor, headteacher) and one should provide a personal reference (they must not be related to you).

Academic Reference
Full name & title

Personal Reference
Full name & title

Address

Address

Occupation


Occupation

Ethnic Origin

At the request of the Commission for Racial Equality, you are invited to indicate your ethnic origin by ticking one of the following boxes:

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black African | <input type="checkbox"/> Black Other | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other | | |

Data Protection Act

 The Institute needs to collect personal data about you on this form for the following purposes: to be able to contact you, to be able to identify you and protect the confidentiality of your personal data, to check your eligibility to be a Chartered Accountant Student, to monitor your training contract and to gather statistics for research. You should be aware that your exam results will be published on our website and in the national press and will be passed to your training office. We will share your personal data with other parts of the Institute and those external agencies (such as the Library and the student societies) who provide services to the Institute and its members. We respect the privacy of our members and students and do not pass personal data outside the Institute unless as a necessary part of our services without your consent.

Signed

Date

STUDENT APPLICATION FORM

Do NOT send this form to the Institute.

Please complete this form and send it direct to an Organisation authorised to train ACA students



Personal Details

Surname Mr/Mrs/Ms/Miss/other

Other names

Permanent address

Term time address (give dates)

Tel. no.
Email

Tel. no.
Email

Date of Birth

Nationality

Do you need a work permit?

Please detail any permanent illness or disability.

Please give dates when you will not be available for interview.

When would you be available to start work?

