



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

FORM TR 1: APPLICATION FOR ACCREDITATION AS A TRAINING OFFICE ORGANISATIONS IN PUBLIC PRACTICE

Please ensure that you have read the following documents before completing this application form:

- Policies relating to the accreditation of training offices
- PAAB Training Regulations

INSTRUCTIONS FOR COMPLETION AND LODGEMENT OF THIS FORM:

- This form must be completed by the training officer.
- The application form (and all relevant attachments) must be lodged at the Secretariat of PAAB.

ADMINISTRATIVE INFORMATION

1. Name of proposed training office _____
2. Name of proposed training officer _____
3. Name of proposed person who will be responsible for administration relating to training contracts _____
4. Name of person who completed this questionnaire _____
5. Postal address of proposed training office _____
6. Street address of proposed training office _____
7. Telephone number of proposed training office _____
8. E-mail address of proposed training officer _____
9. Title, name and surname of the managing partner of the proposed training office _____
10. E-mail address of the managing partner of the proposed training office _____
11. When was the organisation established?

mm	yy
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12. When was the training office established?

mm	yy
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13. Has this office ever been accredited by PAAB?

Yes	No
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14. If yes, what were the circumstances of its de-accreditation? _____

ACCREDITATION STATUS SOUGHT

15. Classification of prospective training office (please tick)
 Stand-alone training office Tick Head office with its branches (a group training office) Tick
16. If you selected "head office" in the question above, please list the branches where trainees may be deployed:

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
17. For which elective(s) do you wish to be accredited? (please tick)

Auditing & Assurance <input type="checkbox"/>	Financial Management <input type="checkbox"/>	Internal Audit, Risk Management & Governance <input type="checkbox"/>	Taxation <input type="checkbox"/>	Management Decision-Making & Control <input type="checkbox"/>
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18. How may trainees do you wish to employ?

OPERATING COMPLIANCE

19. Please indicate what type of legal entity your organisation is (please tick)
- | | | | | | | | |
|-----------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|
| Sole proprietor | <input type="checkbox"/> | Private company | <input type="checkbox"/> | Incorporated | <input type="checkbox"/> | Public sector | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> | Public company | <input type="checkbox"/> | Close corporation | <input type="checkbox"/> | | |

Please provide the following information:

20. Entity registration number, if applicable _____
21. Skills development levy number, if applicable _____
22. PAAB practice number of prospective training office (if applicable) _____
23. PAAB registration number of prospective training officer (if applicable) _____
24. ICAN membership number of prospective training officer _____
25. PAAB Assessor Number of prospective training officer _____
26. Designation of the prospective training officer (partner; sole proprietor; director, CFO, etc) _____
27. Does your organisation have an Affirmative Action Plan?

Yes	No	N/A
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28. VAT number of your organisation _____
29. Is your organisation tax compliant?

Yes	No
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30. Does your organisation comply with Occupational Health and Safety regulations?

Yes	No
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31. Does your organisation comply with the Basic Conditions of Labour Act?

Yes	No
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32. Is your organisation a going concern?

Yes	No
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THE TRAINING PROGRAMME

33. Partners and staff of the proposed training office:

STAFF DESCRIPTION	Current	After accreditation
No. of CAs		
No. of Managers (excluding CAs and administrative managers)		
No. of Non-CA Supervisors (excluding trainee accountants)		
No. of professional staff: Bookkeepers and Tax advisors (excluding CAs)		
No. of PAAB trainee accountants		
No. of non-PAAB trainee accountants		
No. of other Non-CA productive ¹ staff not listed above		
TOTAL PRODUCTIVE STAFF		
No. of partners/directors		
No. of Registered Accountants and Auditors		

34. Provide information on the planned composition of the trainee accountants' learning experience

¹ This refers to staff who contribute to the hours and fees set out in Annexures B and C

38. Please provide information on how the performance of the person who will be responsible for administration relating to training contracts will be monitored and reviewed.

39. Please provide information on the steps that will be taken in your organisation to make trainees aware of the importance of remaining technically competent throughout professional life, with specific reference to the head office.

40. Please provide information on how you propose to monitor prospective trainees' academic progress (*This could include documentation that is kept on personnel files*)

41. Please provide information on the processes that will be followed to schedule trainees on assignments/clients/rotations.

42. General

Supply additional information which you consider necessary for PAAB to assess your application.

Undertaking

In the event of continued accreditation being granted, this organisation -

- acknowledges that it will continue to meet those requirements as laid down by the PAAB for the training of trainee accountants;
- undertakes to make available to the representatives of the PAAB such further information as may reasonably be required, to satisfy the Education Committee that the training of trainee accountants will be conducted effectively and in a suitable environment; and
- acknowledges the requirement under the *Training Regulations* to notify in writing the training department of the PAAB of any change in its ability to meet the training requirements as set out in the *Training Regulations*.

I certify that

- all the information provided in this application form is true, accurate and complete
- I have read and understood the following documents:
 - Policies relating to the accreditation of training offices
 - Accreditation Manual for training offices
 - PAAB Training Regulations

Signature
(Prospective Training officer)

Date

43. ATTACHMENT 1:

A copy of the appropriate entity registration form

44. ATTACHMENT 2:

A letter of motivation explaining why you wish to obtain accreditation as a training office (on an official letterhead of the proposed training office)

45. ATTACHMENT 3:

A declaration from the executive of the organisation indicating support and allocation of resources for the training programme and the training officer

46. ATTACHMENT 4:

A high-level organogram of the executive structure of the training office, indicating the reporting lines of the training officer

47. ATTACHMENT 5:

Your organisation's learning and development budget for the current as well as the next year, indicating that provision has been made for the payment of, inter alia, the following:

- NTA levies
 - PAAB levy (where applicable)
 - Training office reviews
 - Trainee salaries
 - Training courses for trainees (if applicable)
- Etc.

48. ATTACHMENT 6:

Copy of the proposed employment contract for prospective trainees

49. ANNEXURE A:

Generic Training Plan (PLEASE NOTE: Please complete a separate training plan for each elective for which you are accredited. Please complete ONLY those training plans related to the elective(s) for which you are accredited.)

50. ANNEXURE B:

Summary of clients and hours

51. ANNEXURE C:

Details of clients and hours