

# **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			
4	Name of managed training office		
1.	Name of proposed training office		
2.	Name of proposed training officer  Name of proposed person who will be responsible for administration relating to		
3.	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	уу
12.	When was the training office established?	mm	уу
13.	Has this office ever been accredited by PAAB?	Yes	No
14.	If yes, what were the circumstances of its de-accreditation?		
ACCI	REDITATION STATUS SOUGHT		
15.	Classification of prospective training office (please tick)		
		nches (a group training o	ffice) Tick
		, , , ,	•
<b>16.</b> 1)	If you selected "head office" in the question above, please list the branches w	nere trainees may be o	iepioyea:
2)			
2)			
4)			
5)			
6)			
7)			
8)			
9)			
10)	For which elective(s) do you wish to be appredited? (places tisk)		
17.	For which elective(s) do you wish to be accredited? (please tick)  Internal Audit.	Ma	inagement
	Aligiting X.     Financial		on-Making & Control
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 Private company Incorporated  Partnership Public company Close corporation		Public sector	
Please	provide the following information:			
20. 21. 22. 23. 24. 25.	Entity registration number, if applicable Skills development levy number, if applicable PAAB practice number of prospective training office (if applicable) PAAB registration number of prospective training officer (if applicable) ICAN membership number of prospective training officer PAAB Assessor Number of prospective training officer Designation of the prospective training officer (partner; sole proprietor; dire CFO, etc)	ctor,		
27. 28.	Does your organisation have an Affirmative Action Plan? VAT number of your organisation	Yes	No N/A	
29. 30. 31. 32.	Is your organisation tax compliant?  Does your organisation comply with Occupational Health and Safety regulation  Does your organisation comply with the Basic Conditions of Labour Act?  Is your organisation a going concern?	ns?	Yes No Yes No Yes No Yes No	
THE TE	RAINING PROGRAMME			
33.	Partners and staff of the proposed training office:			
		Current	After accreditation	
	Partners and staff of the proposed training office:	Current		
	Partners and staff of the proposed training office:  STAFF DESCRIPTION  No. of CAs  No. of Managers (excluding CAs and administrative managers)	Current		
	Partners and staff of the proposed training office:  STAFF DESCRIPTION  No. of CAs  No. of Managers (excluding CAs and administrative managers)  No. of Non-CA Supervisors (excluding trainee accountants)	Current		
	Partners and staff of the proposed training office:  STAFF DESCRIPTION  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)	Current		
	Partners and staff of the proposed training office:  STAFF DESCRIPTION  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	Current		
	Partners and staff of the proposed training office:  STAFF DESCRIPTION  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	Current		
	Partners and staff of the proposed training office:  STAFF DESCRIPTION  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 productive¹ staff not listed above	Current		
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<sup>&</sup>lt;sup>1</sup> This refers to staff who contribute to the hours and fees set out in Annexures B and C

Practical experience: Estimated hours per annum for one trainee Simulations<sup>2</sup>: Estimated hours per annum for one trainee Supplementary training<sup>3</sup>

Hours	% of total

# Total estimated hours per annum for one trainee

35.	Please provide information about the availability in your organisation of sufficient and appropriate information technology to enable trainees to meet PAAB's training requirements in respect of exposure to IT. In particular, provide evidence that trainees will:  (i) have regular and reasonable access to the internet to enable them to use the internet effectively as a source of information  (ii) have regular and reasonable access to an e-mail account of their own to facilitate effective communication with PAAB  (iii) be trained adequately on the use of appropriate software applications, including, where relevant, audit, financial, data processing, e-mail and spreadsheet applications.
36.	Please provide information on structures/procedures that will be implemented to oversee the PAAB training programme (this includes all aspects related to trainee accountants)
37.	Please provide information on structures/procedures that will be implemented to ensure that:
•	<ul> <li>(i) All line managers are adequately trained in respect of their duties relating to the training programme, including their responsibilities relating to the assessment of trainee accountants</li> <li>(ii) The performance of line managers in relation to their responsibilities towards the training programme is monitored and reviewed.</li> </ul>

<sup>2</sup> These are activities that replaces practical experience (should this not be available for a task or not cost efficient to provide practical experience). In such instances the training should cover the topic, but also include a case study to be completed by trainees so that a rating (as per the assessment rating scale) can be awarded to the trainee – similar to what is done for work done in practice

<sup>(</sup>as per the assessment rating scale) can be awarded to the trainee – similar to what is done for work done in practice

This is training given in the office dealing with different topics, "preparing" trainees to apply the skill in practice. They therefore gain a better understanding but are still assessed on what they do in practice in the office. The training therefore "supplements" the practical experience in the office

38.	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 a	dditional 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

# PLEASE ENCLOSE THE FOLLOWING INFORMATION TOGETHER WITH YOUR COMPLETED QUESTIONNAIRE

#### 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