

# Application for Admission to Associate Membership



## FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Reference No: \_\_\_\_\_

Council Meeting: \_\_\_\_\_

Reference No: \_\_\_\_\_

### NAME OF APPLICANT :

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Private Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

## FORMAL APPLICATION FOR MEMBERSHIP

To the Council of the Institute of Certified Public Accountants in Ireland.

I hereby apply for admission to Associate Membership of the Institute of Certified Public Accountants in Ireland.

I warrant, if admitted, that as long as I remain a member of the Institute, I will observe all the Articles, Bye-Laws, rules and regulations of the Institute made from time to time by the Council. I have read the Articles, Bye-Laws, and Code of Professional Ethics, Conduct and Practice supplied to me with the application form and understand the obligations imposed on me by them. I warrant that I have truthfully and fully answered the questions in Sections A to D. I hereby authorise the Institute of Certified Public Accountants in Ireland to take up such references and make such enquires as are necessary to consider this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The Institute of Certified Public Accountants in Ireland

### The Institute of Certified Public Accountants in Ireland

17 Harcourt Street, Dublin 2, Ireland

**Phone** 01 425 1000

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# A. PERSONAL DETAILS

A1 Full Name (Please enter your name in block letters exactly as you wish it to appear on your Certificate of Membership):

A2 Date of Birth:

A3 Place of Birth:

A4 Nationality:

A5 Name and Address of Present Employer:

Name: _____	Tel: _____
Address: _____	Fax: _____
_____	Email: _____
_____	

A6 Nature of Business:

Industry - Services	<input type="checkbox"/>	Practice	<input type="checkbox"/>
Industry - Manufacturing	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>
Financial Services	<input type="checkbox"/>	Education	<input type="checkbox"/>
		Other: _____	

A7 Description of Position held at present:

Job Title	
Main Responsibilities	

## B. QUALIFICATIONS AND EXPERIENCE

B1 **Higher Education** - includes all degrees, diplomas and certificates of higher or further education. Please state the nature of the qualifications, the educational establishments which issued them, and the dates passed or conferred.

Examination/Degree	Examining/Conferring Body	Date Passed/Conferred

B2 Complete the table below to show your employment history to date. The information must be in addition to the details of Training Records, where such a record forms part of the application.

Employers to date	From	To	Job Title	Reason for Leaving
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				

If there are any gaps in the employment sequence at B2 - please explain:

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B3 May this Institute take up references from previous Employers?

YES

NO

If 'NO', explain below:

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## C. YOUR PAST RECORD

All questions must be answered.

- C1 Have you ever been engaged in or are you engaged in a civil litigation?  YES  NO
- C2 In the past ten years have you:
- failed to satisfy any judgement?  YES  NO
  - made any compromise or arrangements with your creditors?  YES  NO
  - ceased trading whether as a sole trader or a partner in circumstances in which creditors did not receive full payment?  YES  NO
  - been declared bankrupt?  YES  NO
- C3 In the last ten years have you been the director of a company which has gone into liquidation or receivership, had an administrator appointed or entered into any arrangements with its creditors either while you were a director or within three years following your ceasing to be a director?  YES  NO
- C4 Are you aware of any allegations of negligence involving you which have been formally notified to you or to your employer's insurers in the last 10 years?  YES  NO
- C5 Have you ever been convicted of any criminal offence in a civil or military court in Ireland or elsewhere?  YES  NO
- C6 Have you ever been subject to an order from a regulatory body?  YES  NO
- C7 Have you been refused entry to, or have you at any time ceased to be a member of any profession or vocation?  YES  NO
- C8 Have you ever been dismissed or requested to resign from any office or employment or position of trust?  YES  NO
- C9 Has anybody made written complaints relating to services or activities provided by your business during the past twelve months?  YES  NO

If you have answered yes to any of questions C1 to C9 please give details below:

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## D. REFERENCES

- D1 Two references must accompany this application for Associate Membership of the CPA Institute. One reference is required from a principal at your present or past employment. A second reference is required, preferably from a member of the Institute, or professional accountant who is a member of an Insitute that is a member of the International Federation of Accountants (IFAC)
- D2 Reference No. 1.

Name:	Job Title:
	Professional Qualification:
Address:	
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- D3 Reference No. 2 - A member of the Institute

Name:	Job Title:
	Professional Qualification:
Address:	
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