

AGREEMENT TO PARTICIPATE IN THE TRAINEE PROGRAMME PROJECT ACHIEVER



Eligibility –

1. Qualify for Fasset's funding requirements (black African candidates – nationally, and coloured African candidates who resides in Western and Northern Cape only).
2. Have a completed three-year SAIPA learnership, or six years verifiable working experience in a financial environment.
3. Completed a BCom or equivalent tertiary qualification
4. All candidates WHO DO NOT qualify in terms of the funding can join the programme at a cost of **R5000**. This cost includes the Professional Evaluation fee.

1. PERSONAL PARTICULARS

Surname

First Name

Title (Mr/ Mrs/ Other) Gender

Identity Number

Trainee Number

Physical Address
 Postal Code

Postal Address
 Postal Code

Tel No Work Current Title	() <input type="text"/>	Fax No Years/Months at current employer	() <input type="text"/>	Years	Months
Permanent/Contract	<input type="text"/>				
If contract when is the contract end date	<input type="text"/>				
Name of employer/ATC	<input type="text"/>	Cell No	<input type="text"/>		

E-Mail (work)
 E-mail (personal if different)

Home Language English Afrikaans Other (specify)

Employment Equity Profile Black Coloured Indian White Other (specify)
 (Compulsory fields)

Are you a South African Citizen Yes No If no, specify

Disability* Yes No If Yes, Specify

* The Employment Equity Act 55 of 1998 defines a disability as a long-term or recurring physical or mental impairment

that substantially limits prospects of entry into, or advancement in employment

2. SPECIAL NEEDS

Do you have any medical or other condition requiring special accommodation during the writing of the Professional Evaluation?

Yes No If yes, specify

Kindly motivate as to what special requirements could be made in order to accommodate your needs?

3. PRACTCAL REQUIREMENTS AND ACADEMIC QUALIFICATIONS

Practical Requirements

Please tick applicable –

Completed 3 years Learnership (SAIPA) Minimum of 6 years work experience (attach CV)

Other Learnerships or articles (Specify)

Highest Tertiary Qualification

Name of Institution

Diploma Degree

Name of Degree/ Diploma

Years of Attendance From To

Have you written PE exam before?(Yes/No)
If Yes how many attempts

<input type="text"/>	<input type="text"/>
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High School Information

Name of the School

Name of the Qualification

Year Matriculated

Province, city and postal code

4. Regions

Please confirm which region you will be attending – Venues TBC

Face to Face Tuition (20 weekends)

Johannesburg	<input type="checkbox"/>	Durban	<input type="checkbox"/>
Distance Learning	<input type="checkbox"/>	Port Elizabeth	<input type="checkbox"/>
Cape Town	<input type="checkbox"/>	Bloemfontein	<input type="checkbox"/>
Kimberley	<input type="checkbox"/>		

5. ACCESS TO INFORMATION

Kindly select one of the following:

- I wish to allow for my name and contact details as member of the Institute to be readily available to the general public
- I wish to restrict access to my name and contact details to the staff of SAIPA only

I hereby consent to SAIPA processing my personal information (including my name, physical address, telephone numbers, identity number and any other information). Processing shall include the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation, use; dissemination by means of transmission, distribution or making available in any other form; or merging, linking, as well as blocking, degradation, erasure or destruction of information. This consent is effective immediately and shall endure for as long as I qualify for any category of membership with SAIPA.

Through signature of this application, I expressly consent to the processing of my information for marketing purposes and know and understand that by agreeing to same that I may receive marketing materials in the form of smses, emails and the like from SAIPA. I reserve my right to opt out of any such marketing material by expressly confirming same in writing.

6. REQUIRED DOCUMENTATION

(ONLY CERTIFIED COPIES WILL BE ACCEPTED)

- 6.1 ID Copy
 - 6.2 Highest Qualification obtained e.g. BCOM
 - 6.3 CV and Letters confirming proof of experience
 - 6.4 Learnership completion evidence e.g. Discharge letter
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7. TERMS AND CONDITIONS

Applications

- 7.1 Applications will only be processed on full receipt of the required documentation as stipulated in this application form.
- 7.2 Email applications will be accepted provided that the original application and certified copies of attachments.
- 7.3 SAIPA reserves the right to refuse application should the applicant not have met the minimum requirements of SAIPA.
- 7.4 The programme is a FASSET initiative and thus the FASSET rules of admission will apply.

Programme Attendance

- 7.5 Attendance for the full duration of the Project Achiever Programme is compulsory and monetary penalties will be incurred for the trainee that discontinues/drops-out of the programme. A penalty in the sum of **R9 000.00** shall be applicable at the sole discretion of SAIPA.
- 7.6 All attendees are required to comply with all the requirements of the programme.
- 7.7 All attendees are required to write all assessments and mock examination as required.
- 7.8 All attendees are required to fulfil the obligations towards the recommendations of mentors.

Additional Requirements

- 7.9 All attendees commit to taking up SAIPA membership after writing and passing the PE examination in **May 2019**.
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8. UNDERTAKING BY CANDIDATE

I, _____ (full name) the undersigned wish to participate in the Project achiever Programme and confirm that I intend writing the Professional Evaluation examination, which if I should pass, would allow me admission as a full member of South African Institute of Professional Accountants (SAIPA).

I agree that I have read and understood the below mentioned terms and conditions as well as the SAIPA Code of Conduct and Bylaws, and I am fully aware of my expected conduct should I qualify as a full member of SAIPA.

I am further aware that SAIPA has a stringent disciplinary process should my conduct be against the SAIPA Code of Conduct.

By signing this application form you agree to the terms and conditions as above and in clause 6 below.

Signature –
Applicant

Date

YYYY / MM / DD
