**CALL FOR SMME EMPLOYEES IN THE FASSET SECTOR TO REGISTER TO PARTICIPATE IN** **THE AUDIT DEVELOPMENT PROGRAMME (ADP)**

Closing date: 15 March 2023

Application form should be fully completed and submitted to **smme@fasset.org.za**.

Incomplete application form will be rejected, and no manual submission will be accepted.

# **SECTION A: EMPLOYEE DETAILS**



|  |  |
| --- | --- |
| **Name and surname of the employee** |  |
| **Employee ID number** |  |
| **Name of the organisation:** |  |
| **Organisation registration number** |  |
| **Nature of business** |  |
| **Staff establishment** |  |
| **Organisation Income Tax Number** |  |
| **Organisation BBBEE level** |  |
| **Business Address** |  |
| **Postal Address** |  |
| **Province** |  |
| **Local municipality** |  |
| **Contact person:** |  |
| **Contact details:**LandlineCell |  |
| **E-mail address:** |  |

# **SECTION B: ENTRY REQUIREMENTS**

Professional accountants who have qualified through the programmes of a professional body accredited by the IRBA may register for the ADP. The IRBA currently only has SAICA as the accredited professional body. The following programmes will need to be successfully completed:



# Please tick the relevant option

|  |  |
| --- | --- |
| **Category** | **Select** |
| **Category 1:** The following programmes will need to be successfully completed:* A recognised academic programme – CTA or Honours in Accounting.
* A recognised core assessment programme – ITC and APC exams passed.
* A recognised professional development programme – 3 years articles training in auditing.
 |  |
| **Category 2:**A registered Chartered Accountant CA(SA) |  |

Supporting documents required to be submitted with the completed application form:

* Copy of certified ID documents.
* Letters confirming APC results.
* Copy of your SAICA training contract discharge certificate; and
* where applicable, SAICA membership certificate.

# **SECTION E: POPIA DECLARATION**

The individual may withdraw consent to the processing of personal information at any time, and should they wish to do so, must provide FASSET with reasonable notice to this effect. Please note that withdrawal of consent is still subject to the terms and conditions of any contract that is in place. Should the withdrawal of consent result in the interference of legal obligations, then such withdrawal will only be effective if FASSET agrees to same in writing. FASSET specifically draws to the attention that the withdrawal of consent may result in it being unable to provide the requested information and/or services and/or financial or other benefits. Further, please note that the revocation of consent is not retroactive and will not affect disclosures of personal information that have already been made. To withdraw consent, please contact the Information Officer at popia@FASSET.org.za.

Where personal information has changed in any respect, the individual is encouraged to notify FASSET so that our records may be updated. FASSET will largely rely on the individual to ensure that personal information is correct and accurate.

The individual has the right to access their personal information that FASSET may have in its possession and is entitled to request the identity of which third parties have received and/or processed personal information for the purpose. Please note however, that any request in this regard may be declined if:

* the information comes under legal privilege during litigation,
* the disclosure of personal information in the form that it is processed may result in the disclosure of confidential or proprietary information,
* giving access may cause a third party to refuse to provide similar information to FASSET,
* the information was collected in furtherance of an investigation or legal dispute, instituted, or being contemplated,
* the information as it is disclosed may result in the disclosure of another person’s information,
* the information contains an opinion about another person and that person has not consented, and/or
* the disclosure is prohibited by law.

**SECTION F: APPLICATION DECLARATION**



I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the applicant, do hereby certify that the above information is true and correct to the best of my knowledge.

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

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