

# Accounting Qualification Learner registration form

Please complete all sections, otherwise it may delay your application. If you have any queries about completing this form please contact us on +27 (0)11 621 6972, or email [info@accountingtechniciansouthafrica.co.za](mailto:info@accountingtechniciansouthafrica.co.za) or access our website at [www.accountingtechniciansouthafrica.co.za](http://www.accountingtechniciansouthafrica.co.za)

Please complete this form in BLOCK CAPITALS – all sections are mandatory. Please inform us immediately if you change your details.

## Personal details

Mr  Mrs  Ms  Miss  Other (please specify)

Male  Female

First name(s)

Surname / last name

Address

Suburb

Town

Province

Postal code

Daytime telephone number

Cell number

Email

Date of birth

Identity number\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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\*If you are not a resident from SA and do not have a South African identity number, please enter your passport number.

Have you previously been registered with AT(SA)?

Yes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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No

If yes, please state your AT(SA) ID:

### For office use only

Assessment fee paid: R	Initials:	Date:
Membership fee paid: R	Initials:	Date:

## Your training provider details

You must complete this section to avoid delaying your application. If you are enrolled or intend to enroll on an AT (SA) course, please state the centre name and code. If you are not sure of these details, visit [www.accountingtechniciansouthafrica.co.za](http://www.accountingtechniciansouthafrica.co.za) or call us on +27 (0)11 621 6972

Training provider name

Training provider code

## Your intentions

Please indicate which level you intend to complete:

Access  AT(SA) Level 3 Certificate: Accounting Technician   
AT(SA) Level 4 FET Certificate: Accounting Technician  AT(SA) Level 5 Certificate: Accounting

## About you

Please tick which statement best describes your current situation (tick one box only).

I am employed in an accountancy role but do not have a finance qualification   
I am employed but not currently working in accountancy   
I am not currently employed and am returning to work or studies after a career break to have a family   
I previously started the AT(SA) qualification and am now returning to continue my studies   
Other (please specify)

## Demographic background

To assist AT(SA) in measuring the success of its transformation policies, we appeal to you to indicate which racial category best describes yourself, by ticking one of the boxes below. The Board gives its undertaking that this information will only be used for the purposes of determining group statistics.

African  Coloured  Indian/Asian  Chinese  White   
Other (please specify)   
Do you have a disability as contemplated by the 'Employment Equity Act'? Yes  No   
If yes please state

## Professional qualifications and education

Please submit copies of certificates/supporting evidence of qualifications awarded.

Tertiary institution name

Address

Date

From

To

Qualifications achieved

Tertiary institution name

Address

Date

From

To

Qualifications achieved

Tertiary institution name

Address

Date

From

To

Highest standard / grade completed

## Current employment

As your professional body we work with employers to ensure you get the career opportunities you deserve. The information you provide will be used for statistical analysis and to improve our services to employers. We will not release this information to any third parties without your permission, unless there is a legal duty to do so.

Are you in employment?

Yes

No

If you are currently employed, is your job accountancy related?

Yes

No

If you are working, please provide your employer details:

Organisation name

Address

Suburb

Town

Province

Postal code

Your job title

Your department

Daytime telephone number

Date appointed to position

Support from your employer can improve your chances of successfully getting the most out of your course. Support can be financial in nature, study leave for revision/exams, providing a mentor, etc.

Does your employer support you in your studies?

Yes

No

From time to time, we may contact your training manager about your progress and AT(SA) training issues. Do you want your training manager to know that you are studying for an AT(SA) qualification?

Yes

No

If yes, please provide details of your training manager/supervisor below.

Mr

Mrs

Ms

Miss

Other (please specify)

First name(s)

Surname / last name

Job title

Department

Address (If different from your employment address)

Suburb

Town

Postal code

Country

Telephone number

Email

Please inform us immediately if you change your details.

## Additional information

Please tick 'Yes' or 'No' to each of the following. If you tick 'yes' for any of these statements, please send full written details with your application.

Have you ever been convicted of theft, fraud, forgery or issuing a forged document?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you an unrehabilitated insolvent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you at any time been removed from an office of trust on account of misconduct or any other reason?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been found guilty of misconduct by another awarding or professional body?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there any other information relating to your professional conduct of which AT(SA) should be aware?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have ticked 'Yes' to one or more of the statements above and have previously disclosed this information to AT, please tick this box to confirm your circumstances have not changed.				<input type="checkbox"/>

To read a copy of our *Disciplinary Regulations* and the wider policy framework, please contact us at [info@accountingtechniciansouthafrica.co.za](mailto:info@accountingtechniciansouthafrica.co.za)

## Data Protection Act

By registering with AT(SA), you consent to the use of any data you provide for the purpose of administering your membership. We may also use your details (name, address, telephone numbers, including cell numbers and email address) to provide you with important information about products and services from AT(SA).

Your details may also be used to provide you with helpful insights into opportunities from third party organisations. Please tick this box if you do not wish to receive these opportunities. You can always opt out at a later date.

## How you heard about AT(SA)

Please indicate which level you intend to complete:

(A) From a friend/family	<input type="checkbox"/>	(H) Non AT(SA) event or exhibition	<input type="checkbox"/>
(B) From another accountancy body	<input type="checkbox"/>	(J) Other (please specify)	<input type="checkbox"/>
(C) From a college offering the AT(SA) qualification	<input type="checkbox"/>	<input type="text"/>	
(D) From line manager/personnel/colleague	<input type="checkbox"/>	(K) Mailing from AT(SA) (email/post)	<input type="checkbox"/>
(E) From an advertisement	<input type="checkbox"/>	(M) From a recruitment agency	<input type="checkbox"/>
(F) From my school/college	<input type="checkbox"/>	(N) From an AT(SA) event	<input type="checkbox"/>
(G) From a careers office (not related to school)	<input type="checkbox"/>	(W) Via the internet	<input type="checkbox"/>

## Second language

The South African Qualifications Authority (SAQA) requires all learners who study at the advanced certificate level (NQF level 4) to be assessed in two languages.

Please choose one of the following statements (please speak to your training provider if you are not sure how to answer this).

1. I have come through the school system and passed two languages for grade 12 or equivalent	<input type="checkbox"/>
2. I have come through the TVET college system and passed two languages at NQF level 4 or equivalent	<input type="checkbox"/>
3. I have come through the school or TVET college system without passing two languages at either grade 12 or NQF level 4	<input type="checkbox"/>
4. Other	<input type="checkbox"/>

If you select option 1 or 2 please send a copy of the certificate or statement of results along with this registration form. If you select option 3 or 4 please speak to your training provider.

The one-off initial fee of R275\* and your membership fee is payable to AT(SA).

## Fees

- The fees must be paid to your training provider.
- If the fees are not paid we cannot register you as a member.
- We are unable to refund fees after your registration. For our refund policy, please contact us at [info@accountingtechniciansouthafrica.co.za](mailto:info@accountingtechniciansouthafrica.co.za)
- The membership fee is renewable annually from the date of registration (Accounting Qualification only).
- The one-off initial registration fee only applies to new applications.

As you attain each level of the qualification and hold relevant work experience, you will need to pay the appropriate membership level fee.

\*The one-off initial registration fee only applies to new applications for 2018.

## Your declaration

I confirm that the information in this application (or supporting it) is true and correct to the best of my knowledge and belief. I agree that:

- if at any time I become aware that any information in this application (or supporting it) is incorrect or if it changes in any way, I will notify AT(SA) immediately
- if any information in this application (or supporting it) is incorrect, the application may be declared invalid and AT(SA)'s Board reserves the right to revoke any decisions it has reached based on such information
- AT(SA) shall be entitled to suspend any membership granted on the basis of information in the application (or supporting it) whilst it investigates any reasonable concerns about my eligibility for such membership
- I may be liable to disciplinary action by AT(SA) in respect of any information in this application (or supporting it) which is incorrect.

I agree that as part of any disciplinary investigation or proceedings carried out by AT(SA), it may use the information in this form, contact relevant third parties to request information, and disclose to governmental and other professional bodies; the alleged misconduct, the findings of its investigations, and the outcome of disciplinary proceedings. I agree that AT(SA) may publicize disciplinary orders and the facts relating to them in accordance with the Disciplinary Regulations in force from time to time.

I understand fully how information provided on this form, or in other correspondence with AT(SA) will be used, particularly any sensitive data pertaining to my health, ethnicity, criminal or civil offences, disciplinary record and employment details.

I agree that as long as I remain an AT(SA) member, I shall abide by the provisions of the AT(SA)'s Articles of Association, the SAICA Code of Professional Conduct, the Disciplinary Regulations and all other policies and regulations of AT(SA) in force from time to time. I accept that designatory letters are reserved strictly for AT(SA) platinum (MAT(SA)), public sector PMAT(SA) and diamond members (FMAT(SA)), and that I cannot advertise any self-employed services in connection with AT(SA). I also confirm that I will abide by the AT(SA)'s policy on malpractice, a copy of which is available at

[info@accountingtechniciansouthafrica.co.za](mailto:info@accountingtechniciansouthafrica.co.za)

I confirm that if I provide accountancy services on a self-employed basis, I will not advertise my services as being endorsed or approved by AT(SA) and I understand that AT(SA) does not approve, license or regulate me or any firm with which I am associated for the purposes of providing such services.

I agree to inform AT(SA), within 30 days, if I become insolvent and/or convicted. I understand that failure to do so shall amount to misconduct.

**Signature**

**Date**

## Returning your form

Please return your completed form with the necessary supporting documentation and payment to your Approved Training Provider

If you have any questions, please contact us on +27 (0)11 621 6972, email [info@accountingtechniciansouthafrica.co.za](mailto:info@accountingtechniciansouthafrica.co.za) or access our website [www.accountingtechniciansouthafrica.co.za](http://www.accountingtechniciansouthafrica.co.za)