

Details of Higher & Further Education examinations passed, including IFA*

Date	Examining Body	Subjects	Grade

*Where exams taken are other than those of the IFA, qualifications must be supported by documentary evidence (eg relevant certificates - if submitting photocopies, they must be certified by an appropriate person).

Employment History - commence with present employer

Year	Name & address of employer	Position held	Annual salary

Please attach a current job description confirming the date of commencement.

If self employed, please attach a copy of your letterhead and state how long you have been self employed

Referees -please insert names and addresses of two persons from whom references may be obtained in support of this application who are able to vouch for your personal character and competence in accountancy (bank references are not acceptable)

Name
Address

Postcode
Occupation

Name
Address

Postcode
Occupation

I wish to apply for admission to the Institute of Financial Accountants as an Associate/Fellow*

*delete as appropriate

1 I have passed the examinations of the Institute

Registered Student Number

2 I wish to claim exemptions from the Institute's Examinations on the basis of the examinations passed and listed opposite

3 I wish to complete the Accreditation of Prior Learning Portfolio and enclose the Experience checklist*

*UK only

I undertake, if admitted, to observe the provisions of the Memorandum and Articles of Association, Bye-Laws and Regulatory System for the time being in force. I certify that the statements in support of my application are, to the best of my knowledge, true and complete. I declare that I have not been debarred from membership of any professional body.

DATA PROTECTION ACT 1998: All personal information on this form is held in accordance with the provisions of the Act and may be passed to third parties for the promotion of goods and services. All rights, duties and responsibilities under the Act are acknowledged.

If you do not wish to receive information sent by third parties from time to time, please tick

If you give your permission for your personal details to be divulged at the request of a bank manager or prespective employer, please tick

Signature

Date

Please PRINT YOUR NAME as you wish it to appear on the membership certificate if your application is successful.

EQUAL OPPORTUNITIES

The Institute is committed to providing equal opportunities to all candidates. To check that we are achieving this aim we monitor the personal circumstances of applicants and to assist us we ask you to provide the following information about yourself.

Please tick relevant box

- 1 Gender Male Female
- 2 Age 29 & under 30 - 40 41 - 50 51 - 60 over 60
- 3 Are you currently employed? Yes No
- 4 Full-time or part-time? FT PT
- 5 Are you self employed? Yes No
- 6 Have you any disabilities or special needs? Yes No

If you answered Yes to question 6, please indicate what they are:

Please tick against the list below the description that best fits your ethnic origin:

- | | | |
|--|--|---|
| Asian - British <input type="checkbox"/> | Black - Caribbean <input type="checkbox"/> | White - British <input type="checkbox"/> |
| Asian - other <input type="checkbox"/> | Black - other <input type="checkbox"/> | White - other European <input type="checkbox"/> |
| Bangladeshi <input type="checkbox"/> | Chinese <input type="checkbox"/> | White - other <input type="checkbox"/> |
| Black - African <input type="checkbox"/> | Indian <input type="checkbox"/> | Any other <input type="checkbox"/> |
| Black - British <input type="checkbox"/> | Pakistani <input type="checkbox"/> | |

Thank you for your co-operation in completing these questions.