

Please complete this form if you wish to apply for a part or full exemption from the IPA Mentored Experience Program. Please attach relevant documentation and return to the IPA. Your application will then be assessed and you will be advised in writing of any exemption entitlement. Allow up to four weeks for processing.

Supporting Documentation

Evidence

Where the requirements of the program are to be demonstrated with reference to prior period work experience, the following details would be the minimum expected in relation to each role:

- job title;
- length of time in the role, and
- details of duties and responsibilities

Detailed evidence included in third party testimonial would include but be not limited to:

- statements or other testimonials from a supervisor, manager, clients;
- job description(s);
- performance reviews;
- examples of completed work; and
- certificates of attendance and other evidence of relevant training or professional development programs.

Participants seeking either full or part exemption from the program will be required to provide a full resumé.

The following evidence would also satisfy claims of applicant competency and in so doing meet the requirements of the program:

- completion of a mentor program or its equivalent with CPA Australia, CA Australia or any other professional body approved by the IPA; and
- evidence of the member having occupied the position of partner in a public practice for a period of not less than 5 consecutive years.

Contact Details

Freecall (from within Australia): 1800 625 625. Please direct all enquiries regarding this application to your Divisional Office as listed below:

ACT/NSW: Locked Bag A6090, Sydney South NSW 1235 **QLD:** GPO Box 2578, Brisbane QLD 4001 **SA/NT:** PO Box 3056 Rundle Mall, Adelaide SA 5000
TAS: GPO Box 244, Hobart TAS 7001 **VIC:** GPO Box 1637, Melbourne VIC 3001 **WA:** Locked Bag 9, South Perth WA 6951

Outside Australia direct enquiries by email to: natoffice@publicaccountants.org.au or by post to GPO Box 1637, Melbourne VIC 3001



MEP 3

Application Details

Miss Mrs Ms Mr Other, please state _____ IPA member ID _____

Full name _____

Name of employer _____

Job title _____

Phone _____ Email address _____

Reason for Application (please tick)

Enrolment in another professional/mentor program

Are you completing the Mentor program with either CPA Australia or The Institute of Chartered Accountants in Australia? CPA ICAA

Or, other professional accounting body? Yes (Name) _____

If yes, when did you commence their program? _____

Have you completed the program? Yes No

Relevant Work Experience

Do you have more than ten years practical experience in a senior accounting role? Yes No

Was this experience attained whilst working full time? Yes No

Was the experience in the areas of accounting and/or finance and/or business advice? Yes No

Have you been a principal or partner in a Public Practice Accounting firm for more than five years? Yes No

Do you supervise any staff or contractors? If so, how many of those staff/contractors undertake accounting roles?

Other Reason

Do you have another reason for seeking exemption from the program? Yes No

Supporting Documentation

If you have answered yes to any of the above you may be eligible for a part or full exemption. You will need to provide a copy of your resumé and other relevant documentation to support your application. For details of the type of documentation you need to provide please see overleaf.

Statement of Understanding and Declaration

I hereby declare that I wish to apply for an exemption from the IPA Mentored Experience Program and that the information contained in this application is true and correct. I have attached the relevant documentation to this form. I have read the Privacy Statement and General Terms and Conditions available at www.publicaccountants.org.au

Signature _____ Date _____

Submit this form by post or fax to: Mentored Experience Program Coordinator, Institute of Public Accountants
GPO Box 1637, Melbourne VIC 3001, Australia f +61 3 8665 3130

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