



APPLICATION FORM FOR PRACTICAL TRAINING FUNCTIONS

Student Education & Training Department,
Hong Kong Institute of
Certified Public Accountants,
37th Floor, Wu Chung House,
213 Queen's Road East, Wanchai,
Hong Kong.

Re: Practical Training Functions

Please read the related article about the functions on the Institute's webpage at www.hkicpa.org.hk\students before you complete this form.

You may use the mailing label above to return this form together with cheque(s)

Cheque#

(HK\$)

PART A					
Name of Applicant: (Mr/Ms) Surname first, BL0	()				
Surname first, BL0	OCK & Full	Chinese Name			
Student/Member registration No.:	*Email Address:				
-		* If you wish to receive future training programme via email, please leave your email contact			
Day-time Contact No.:	Night-time Contact No.:				
Please complete this box <u>ONLY IF</u> you have notifie <i>three months</i> before the application date. The in the Institute. Address (Block & Full):	formation in this box i	must be the same as that you notified			

Notes to Applicants:

Code

- (1) Enrolment is on a first-come-first-served basis. Priority will be given to registered students.
- (2) SEPARATE CHEQUE should be used per each seminar / workshop entry.

Function Name

- (3) Applications must be made by cheque(s) and payable to "HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS"
- (4) Applications which are submitted in-person will be post-dated for 2 working days for processing.
- (5) NO CASH or reservation is accepted.
- Once the application has been submitted, no withdrawal or refund will be allowed unless the application is rejected due to course over-subscription or cancellation. Alteration to the choice of the course / class is not allowed.
- (7) All applicants will be notified of their status on the application <u>3 days</u> before the course commencement. Applicants should call the Student Education & Training Department at 2287 7236 if they have not received any notification about their enrolment.

PART C

Please ✓ where appropriate

(1)	Status:							
	□ QP Candidate □ QP Graduate □ Ex - JES Student, (completed less than 10 papers) □ JES Graduate □ The Institute's Member □ Others:							
(2)	Is it the first time you apply for the Institute's practical training function(s)? ☐ Yes ☐ No							
(3)	How did you learn of the practical training functions?							
	☐ Student e-newsletter ☐ The Ir ☐ Others, please specify via which channel that		ebsite					
(4)	Reason(s) for enrolling the function(s):							
	☐ Current job requirement☐ Examination assistance		☐ For future development ☐ Others; please specify:					
(5)	(a) Please indicate sector of your employment: ☐ CPA firm ☐ Commerce ☐ Education	ation	☐ Government	□ Others,	please specify			
	(b) Number of employees of your firm/company □ 10 or less □ 11-30 □ 31-10		□ 101-1000	□ over 10	00			
	(c) Number of years of working experience: ☐ less than 2 years ☐ 2-4 years		☐ 5-10 years	□ over 10 years				
	 (d) What is your current primary work function? ☐ Accounting ☐ Financial management ☐ Auditing ☐ Taxation ☐ Client accounting/Secretarial services 	(You ca	can select more than one function) ☐ Information technology ☐ Consultancy services ☐ General management ☐ Education ☐ Others, please specify:					
	(e) In-house training resources provided by your emp		er:	□ Yes	□ No			
	(f) Is this function sponsored by your employer?	>		□ Yes	□ No			
(Use	se list below questions or issues that you wou a separate sheet, if necessary) ourse Code:	uld like 1	the lecturer(s) to	cover:				
For C	ourse Code:							
For C	ourse Code:							
Signa	ture :		Date :					