

**APPLICATION TO OBTAIN APPROVAL FOR PRACTICAL TRAINING AT EXECUTIVE LEVEL
PUBLIC PRACTICE SECTOR**

1. Name of the Organization :
2. Address :
3. Contact details Telephone Nos. :
- E-mail Address :
4. Date of commencement of practice :
5. Business Registration No. of Public Practice organization and date. :
(Attach a photocopy.) :
6. Turnover
 - (i) Achieved annual Turnover : Rs.
 - (ii) Anticipated annual Turnover : Rs.
within the next one year

7. Details of partners (Also complete Addendum II)

Ser. No.	Name	Mem. No.	C/P* No.	Status of the practice (Full time or not)	Other Related Organizations & Designations hold
	<u>Precedent Partner</u>				
	<u>Other Partners</u>				
1.					
2.					
3.					

*C/P - Certificate to Practice

8. Details of Assignments
(i) Categories of Assignments -

Clients' Names, Nature of Business & Nature of Assignments
(Audit, Tax, Accountancy, Management Consultancy, Financial
Advisory Services, Company Secretarial Services etc.)
(Please provide details as an attachments)

(ii)

Please specify industry categories that the organization would be able to provide exposure to trainee of CA Sri Lanka

Client Portfolio

Manufacturing/ Processing
Banking/ Finance/ Insurance/ Leasing
Travel
Agriculture
Services
Local Trading
Hotels
International Trading
NPO/NGO
State Corporations & Statutory Boards
Others

Nature of the Assignments			
Audit & Assurance	Advisory	Taxation	Other (pl. specify)

(iii) Please specify experience categories that the organization would be able to provide exposure to trainees of ICASL during the period of training.

Specified Experience Categories	Executive Level	Strategic Level
Financial Accounting/ Management Accounting		
Audit & Assurance		
Taxation		
Financial Management		
Information Technology		
Secretarial Practice		

9. (a) Will students have regular(delete) use :
of computer facilities?

(b) Are there any Accounting / Auditing :
Packages in use?

10. What are the arrangements in force to ensure that the students meet the required skill in IT and communication?

IT.....
.....

Communication Skills
.....

11. Staff information

Description	Designation	No. of staff
Trainees Executive Level Trainees(expected)		
Members (other than Partners) Other Staff members		

12. Other information

Description	Yes	No	Remarks
Does the organization provide the knowledge in professional ethics to trainees?			
Do trainees have ready access to a technical literature? (Tax, Audit, Legal Etc.)			
Are the Institute documents related to training and development including education and training circulars are available?			
Do trainees have opportunity to use/ follow institute Audit Manual or other audit manual?			
Does organization provide the opportunity to trainees to acquire the knowledge on the practical training requirements such as <ul style="list-style-type: none"> Requirement to certificate to practice Minimum numbers of days etc.? 			
Does organization agree to provide study leave recommended by CA Sri Lanka?			
Does organization agree to pay trainees the minimum allowances recommended by CA Sri Lanka or more?			
Does the organization provide the knowledge about the CA Sri Lanka web site and do they have facility to use that?			

13. What are the special arrangements to provide on advanced training for Executive Level trainees?

.....

I, member of CA Sri Lanka
..... of this Organization declare that the information
(designation)
furnished herein is true to the best of my knowledge and belief.

In my opinion this organization is suitable for the training of Executive level students of the Institute of Chartered Accountants of Sri Lanka/ subject to the comments in the attached sheet * (*delete if not applicable) and I undertake to provide training in accordance with the experience categories stipulated in Practical Training Scheme of the Institute.

I agree for a periodic review of the Training Organization on the basis determined by the Institute and pay the registration & renewal fees levied by the CA Sri Lanka in this connection.

.....
Date

.....
Signature of Precedent Partner/Partner in-charge

.....
Seal of the Company

CA Sri Lanka use only

Date received the application :

Date of approval :

Remarks :

Organization Code :

ARRANGEMENT IN THE EVENT OF PROLONGED ABSENCE

I,,partner/Sole Proprietor
of.....undertake to supervise (name of
the approved Public Practice Organization for Executive Level)
trainees at..... in the event of prolonged
(name of Public Practice Organization applying for training approval)
absence of unforeseen circumstances of Mr./ Ms..... who is
the sole proprietor of the said organization.

Name of the Member :.....

Membership Number:

.....
Date

.....
Signature

ADDENDUM II

APPLICATION FOR TRAINING APPROVAL

1. Public Practice Organization :
2. Application Date :
3. Other Public Practice Organizations in which the partner/s in full time practice in this Public Practice Organization, is/ are partners

Members names

Names and addresses of Public Practice Organization

Date

.....
Precedent Partner or Partner in-charge

Have you included everything?

Please use the checklist below to mark sure you have attached everything we need

Please tick

Duly filled application for relevant level of approval	
Covering letter in the company letter head signed by the Precedent Partner or Partner in-charge	
Copy of the Business registration	
List of clients with Nature of Business & Nature of Assignments	
Training plan	
Copy of the Practicing certificate	
Payment of registration (Rs. 14000 under the payment code Trn 01)	

Please send your Completed application form to:

Training Division
The Institute of Chartered Accountants of Sri Lanka
30 A, Malalasekera Mawatha,
Colombo 07
Sri Lanka

CA Sri Lanka use only

Date received the application :

Date of approval :

Remarks :

Organization Code :.....