



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

FORM TR8 A

To be completed by the transferor training officer<sup>1</sup>

APPLICATION TO TRANSFER A TRAINING CONTRACT

PLEASE NOTE:

- In terms of rule 22.15 of the Training Regulations, “the transferor training officer must lodge his section of the application for transfer 30 days before the trainee leaves the training office”.
• In terms of rule 22.14 of the Training Regulations the parties to a transfer must “clearly and fully state the reason for the transfer on the application form”.
• In terms of Rule 22.16 of the Training Regulations “PAAB may investigate all the circumstances relating to a transfer”.
• This form must be completed and submitted to PAAB, together with a completed Interim Assessment form, 30 days BEFORE the trainee leaves the training office.
• A copy of the Interim Assessment form must be handed to the trainee for onwards submission to the transferee training officer.

THIS SECTION FOR PAAB USE ONLY

Proposed training office PAAB no.

Grid for proposed training office PAAB no.

NOTE: ANY ALTERATIONS TO THIS FORM MUST BE SIGNED BY BOTH THE TRAINEE ACCOUNTANT AND THE TRAINING OFFICER

1 TRAINEE DETAILS (must be completed by the trainee accountant)

PAAB no.

Grid for PAAB no.

Title

Mr Ms

First names<sup>2</sup>

Text box for first names

Surname<sup>3</sup>

Text box for surname

ID no.

Grid for ID no.

E-mail address

Text box for e-mail address

Cell no.

Grid for cell no.

Postal address

Text box for postal address

<sup>1</sup> This refers to the training officer of the training office from which the trainee is transferring.

<sup>2</sup> As indicated in the trainee’s identification document.

<sup>3</sup> As indicated in the trainee’s identification document.

**2 TRANSFEROR TRAINING OFFICE DETAILS** (to be completed by the training officer)

Training office name  Branch

Training officer details

Title  Mr  Ms  Initials  Surname

Telephone no.  ( ) Fax no.  ( )

E-mail address

**3 DETAILS OF TRAINING OFFICE TO WHICH THE TRAINEE WISHES TO TRANSFER**

Training office name  Branch

Training officer details

Title  Mr  Ms  Initials  Surname

Telephone no.  ( ) Fax no.  ( )

E-mail address

**4 REASON FOR THE TRANSFER (tick the relevant reason)**

|    |   |  |
|----|---|--|
| a. | Relocation by the trainee to a place from which he cannot commute to the existing training office |  |
| b. | De-accreditation of the training office by PAAB   |  |
| c. | Training office has ceased to exist   |  |
| d. | Other – please attach a letter of explanation   |  |

**A COMPLETED INTERIM ASSESSMENT FORM MUST ACCOMPANY THIS FORM**

We, the undersigned, hereby apply for transfer of the training contract and we confirm that the information provided in this application is, to the best of our knowledge, true and correct

\_\_\_\_\_  
(Training officer signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Trainee accountant signature)

\_\_\_\_\_  
(Date)

## **INTERIM ASSESSMENT – TRAINING RECORD**

**TO BE COMPLETED UPON TRANSFER OF A TRAINING CONTRACT, THIS FORMS MUST ACCOMPANY FORM TR8A**

### **GUIDELINES FOR COMPLETION**

#### ***SECTIONS 1- 4 and 5***

**The TRAINEE must complete - applies to the TIPP program**

#### ***SECTION 5 – CERTIFICATES***

**The interim assessment must be signed off and dated by both the TRAINING OFFICER and the TRAINEE.**

# INTERIM ASSESSMENT – TRAINING RECORD

## SECTION 1

### TRAINEE ACCOUNTANT DETAILS (to be completed by the trainee accountant)

Name(s) and surname \_\_\_\_\_

Identity number 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Training contract no. 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Contract start date 

|    |    |    |
|----|----|----|
| DD | MM | YY |
|----|----|----|

Contract cancellation date OR transfer date 

|    |   |    |
|----|---|----|
| DD | M | YY |
|----|---|----|

## SECTION 2

### TRAINING OFFICE DETAILS (to be completed by the trainee accountant)

Name of training office \_\_\_\_\_

Address of training office \_\_\_\_\_

Name of training officer \_\_\_\_\_

## SECTION 3

### HISTORY OF PREVIOUS TRAINING CONTRACTS (to be completed by the trainee accountant)

Was your contract previously registered with another office/organisation? 

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If yes, please provide details

| Name of training office/organisation | Address of training office/organisation | Name of training officer | Period of training |    |
|--------------------------------------|---|--------------------------|--------------------|----|
|                                      |   |                          | From               | To |
|                                      |   |                          |                    |    |
|                                      |   |                          |                    |    |

Were you ever seconded to an environment other than your training office? 

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If yes, please provide details

| Name of office/organisation | Name of office/organisation | Period of secondment |    |
|-----------------------------|-----------------------------|----------------------|----|
|                             |                             | From                 | To |
|                             |                             |                      |    |
|                             |                             |                      |    |

## SECTION 4

### RECORD OF HOURS TO DATE (to be completed by the trainee accountant)

Note:

Record only hours of work attendance and core experience achieved to date. Exclude hours of absence on all types of leave of absence.

A year normally means 12 months, calculated from the commencement date or a subsequent anniversary date of a training contract.

|                          | Year 1 |   |   | Year 2 |   |   | Year 3 |   |   | Year 4 |   |   | Year 5 |   |   | TOTALS |
|--------------------------|--------|---|---|--------|---|---|--------|---|---|--------|---|---|--------|---|---|--------|
| From date:               | D      | M | Y | D      | M | Y | D      | M | Y | D      | M | Y | D      | M | Y |        |
| To date:                 | D      | M | Y | D      | M | Y | D      | M | Y | D      | M | Y | D      | M | Y |        |
| Hours of work attendance |        |   |   |        |   |   |        |   |   |        |   |   |        |   |   |        |
| Hours of core experience |        |   |   |        |   |   |        |   |   |        |   |   |        |   |   |        |

## SECTION 5

### CERTIFICATES

I \_\_\_\_\_ confirm that

(Trainee accountant initials and surname)

- I completed the hours of work attendance and core experience as indicated in section 4 above;
- the information provided by me above is true and fair.

\_\_\_\_\_  
TRAINEE ACCOUNTANT SIGNATURE

\_\_\_\_\_  
DATE

I \_\_\_\_\_ confirm that:

(Training officer initials and surname)

- The trainee accountant referred to in this document completed the hours of work attendance and core experience as indicated in section 4 above;
- The ratings indicated in section 5 are a true and fair reflection of the trainee's achievements to date.

\_\_\_\_\_  
TRAINING OFFICER SIGNATURE

\_\_\_\_\_  
DATE