**Accountancy Future Leaders Programme**

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| **APPLICATION FORM** | | | | | | *Please answer all questions.*  *\*Please delete accordingly.* | | |
| **Checklist for Document Submission**  Duly filled Application Form including Referral Letter from Managing Partner/ Managing Director  Applicant CV  *Please send the completed application form and document(s) via email to* [*CPDInfo@isca.org.sg*](mailto:CPDInfo@isca.org.sg) *or post to: ISCA @ 60 Cecil Street, ISCA House, Singapore 049709.* | | | | | | | | |
| 1. **Personal Information** | | | | | | | | |
| **Title**  Dr  Mr  Mrs  Ms  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Name as in NRIC/ Passport**  (please underline your family/last/surname) | | | | | | | | |
| **Preferred Name for Badge** | | | | | |  | | |
| **Date of Birth** *(DD/MM/YYYY)* | | | | **Gender**   Male  Female | | | | |
| **Citizenship**   Singapore Citizen  Singapore Permanent Resident  Foreigner | | | | **NRIC/ Passport No\*** | | | | |
| **Dietary Restrictions**  Nil  No pork, no lard  Vegetarian | | | | **ISCA Membership No *(if applicable)*** | | | | |
| **Highest education level attained**  Diploma  Degree  Masters  PhD  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 1. **Company Information** | | | | | | | | |
| **Company Name** | | | | **Unique Entity Number (UEN)** | | | | |
| **SSIC Code** | | | | **Main Business Activity** | | | | |
| **Company Address** | | | | **Designation** | | | | |
| **Mobile No** | | | | **Email** | | | | |
| **Tel No** | | | | **Company website** | | | | |
| **Group Employment Size**  <10  10 - 25  26 - 50  51 - 100  100 - 150  151 – 200  > 200 | | | | **Number of employees under your direct supervision**  NA  <5  5 - 15  16 - 30  31 - 50  >50 | | | | |
| **Number of levels above you, including the Managing Partner/Managing Director**  NA  1  2  3  4  >4 | | | | **Title of your reporting officer** | | | | |
| **Services you are involved in** | | | | | | | | |
| Attestation | Audit & Assurance | Business Restructuring | | | Business Valuation | | Corporate Advisory | Corporate Secretarial Services |
| Corporate Tax Advisory | Dispute Resolution | Financial Modelling | | | Financial Services | | Financial Statement Reporting | Forensic Accounting |
| GST | Litigation Support | M&A Advisory | | | Management Consulting | | Payroll Solution | Personal Tax Advisory |
| Private Client Services | Risk Advisory | Technology | | | Transaction Processing | | Transfer Pricing | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Work Experience** | | | | | | | | |
| **Indicate your total number of years of professional experience.** | | |  | | | | | |
| **Provide a brief description of your organisation or business unit.** | | |  | | | | | |
| **Describe your current responsibilities.** | | |  | | | | | |
| **What are your objectives and goals for attending this programme?** | | |  | | | | | |
| **What do you anticipate your career progression to be in the next three years?** | | |  | | | | | |
| **How would you describe your leadership style, strengths and weaknesses? Provide examples.** | | |  | | | | | |
| **What are the most daunting challenges that your business unit are facing?** | | |  | | | | | |

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| 1. **Project Work** | |
| An integral part of the Programme is for the Applicant to undertake a Project Work, facilitated and aided by an assigned Project Consultant. The full Project Work scope will be developed with the Project Consultant.  **Select an area of Project Work from the list below and**   1. **describe the current challenges you face in your company; and** 2. **define the end outcomes that you would like to achieve.** | |
| **Option 1 Business Strategy**   * **Formulate a business strategy and secure at least one advisory client on an annuity engagement** |  |
| **Option 2 People Strategy**   * **Implement progressive HR practices to support business strategy** |  |
| **Option 3 Technology Strategy**   * **Develop a technology plan to improve productivity and business growth through the effective use of technology** |  |
| 1. **Training Grant Information (only applicable to Singapore Citizen applying for the traning grant)** | |
| Yes, I wish to apply for the training grant  **Declaration:**  I hereby confirm that:   * I am a Singapore Citizen * I am taking this Programme for the first time * I am nominated and sponsored by my employer to participate in the Programme * I do not receive other grants from the Economic Development Board, capitation from the Ministry of Education or any other government grants (including support from SkillsFuture Singapore) for the Programme, regardless of the quantum of such other support * I understood that I must complete the Programme which consists of e-learning modules, workshops, talks and project works. | |

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| 1. **Billing Information** | |
| **Company Name** *(if different from Section B)* | **Company Address** *(if different from Section B)* |
| **Contact Person** *(if other than Applicant)* | **Email Address:**  **Contact No.:** |
| **Programme Fees** (**#** -please √ whichever is applicable)  **Individual Registration**  **# Programme Fees** (inclusive of GST): **S$7,500.00**  **Group Registration** (Enjoy **20%** group discounts if organisation registers 2 or more participants)  **# Programme Fees after discount** (inclusive of GST): **S$6,000.00** per pax  Please provide the details of participant(s) under the group registration. (Note: The participants have to be from the same organisation)   |  |  |  | | --- | --- | --- | |  | **Full Name** | **Email** | | 1. |  |  | | 2. |  |  |   **Mode of Payment**  # Crossed cheque made payable to Institute of Singapore Chartered Accountants or ISCA (Cheque no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) # Corporate Credit Card:  MasterCard  VISA Credit Card Number: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Cardholder’s Name:  .Expiry Date (mm/yyyy): **\_\_ \_\_** / **\_\_ \_\_ \_\_ \_\_**  Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**DECLARATION**

1. I hereby accept the terms and conditions as stated for the Programme. All information given in this application and the accompanying documents are true to the best of my knowledge. I have not withheld/ distorted any material facts. I accept that if any of the information given in this application form and accompanying documents are in any way false or incorrect, my application may be rejected; any offer may be withdrawn and any amounts disbursed for the purpose of the Programme will be withdrawn and recovered immediately from me or my company.
2. I confirm that I have read and I agree to the Privacy and Data Protection Policy [(http://isca.org.sg/privacy-and-data-protection-policy/](http://isca.org.sg/privacy-and-data-protection-policy/)) which sets out how my personal data will be collected, used, disclosed and processed by the Institute of Singapore Chartered Accountants and the purposes of processing.
3. I have read, understood and agreed to be bound by the Terms and Conditions for registration set out in **Appendix A**.
4. I understood that I am liable to make full payment of the total programme fees (inclusive of GST) upon confirmation of programme regardless of attendance.

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| **Name and Signature of Applicant** |  | **Date** |

**[To be completed by the Managing Partner/ Managing Director]**

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| **REFERRAL LETTER** | |  | |
| This referral letter is to be completed by the Managing Partner/ Managing Director of the company who can provide a first-hand account of the Applicant’s character, roles and responsibilities.    **Name of Applicant**: **­­­­­­­ .** | | | |
| **Name of Referee** | **Designation** | |
| **Company Name** | **Email Address** | |
| **How long have you known the Applicant for and in what capacity?** |  | |
| **What impact do you hope the Programme will have on the Applicant?** |  | |
| **Provide an assessment of the Applicant’s leadership style, strengths and weaknesses.** |  | |
| **How will the Applicant’s responsibilities evolve in the next three years?** |  | |
| **Why do you recommend the Applicant?** |  | |
| |  |  |  | | --- | --- | --- | |  |  |  | | **Signature of Referee** |  | **Date** | | | | |

**[Declaration by Applicant if the referral letter is not provided]**

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| **REFERRAL LETTER** |  |

The referral letter does not apply to me because:

I am the Managing Partner

I am the Managing Director

I am the Sole-Proprietor

Others (please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix A**

# TERMS AND CONDITIONS FOR REGISTRATION

**PROGRAMME REGISTRATION**

Participant will be successfully enrolled for the programme upon receipt of full payment and confirmation from the Institute.

**NO CANCELLATION**

There will be strictly no cancellation once the participant is successfully enrolled for the programme.

**ADMINISTRATIVE REQUEST**

No changes to invoices will be allowed after they have been generated. Please ensure that all entries are accurate (billing name/entity, name of participants to be reflected onto the invoice/certificate, entity billing address, etc). For requests pertaining to changes required on items in the invoice and/or certificate after they have been generated, there will be an administrative fee charge of $100 (subject to prevailing GST).

**NO-SHOW**

There will be STRICTLY no refunds for no-show.

**REPLACEMENT OF PARTICIPANT**

Replacements are not allowed.

**PROGRAMMES NOT APPLICABLE FOR DEFER/ SWITCH/ REPLACEMENT/ WITHDRAWAL/ REFUND**

Requests for defer/switch/replace/withdraw/refund will not be permissible.

**INFORMATION SHARING**

The programme is developed by the Institute in partnership with the Singapore Accountancy Commission (SAC). The Institute will share data relating to participants with SAC, for the purpose of policy formation for the accounting entities in Singapore.

**TRAINING GRANT / FUNDING** (For participants eligible and apply for the funding)

In the event that the relevant government agency rejects the training grant or claims application, the Company or Participant is liable for the full programme fee (inclusive of GST).

Personal information such as participant’s name, NRIC/FIN, personal email address and mobile contact number will be provided to relevant government agency to facilitate the training grant and claims application.

**TERMS OF SERVICE**

The Institute reserves the right to change the above terms and conditions without notice. The Institute will exercise all possible care to run the programme, however, in the event of unforeseen circumstances, the Institute reserves the right to cancel or defer the programme, and/or change in venue, speaker, programme dates and fees. The Institute will take all reasonable efforts to notify participants of the changes.

The Institute seeks to collect and may use and/or disclose your personal data for matters relating to your programme enrolment and/or the conduct of the Institute’s business in accordance with the Personal Data Protection Act 2012. The Institute may from time to time use your personal data to inform you of related news, CPE activities, members’ benefits, goods, services, facilities and events. The Institute may also use your personal data for the conduct of statistical research and studies, and analyse the data collected to administer, develop and improve its services. For the purpose of event coverage, photography (and videography) may be in progress during the event. Please inform the photographers (or organizer) if you do not wish for your photographs to be taken.

By enrolling in a course and/or participating in any events or activities organized by the Institute (including any purchases of goods and services from the Institute), you consent to the collection and use of your personal data in accordance with the ISCA's Privacy & Data Protection Policy (<http://isca.org.sg/privacy-and-data-protection-policy/>). If you no longer wish to receive marketing messages from us, you may request to withdraw your consent by submitting the Withdrawal of Consent form. (<https://isca.org.sg/global-pages/privacy-and-data-protection-policy/isca---consent-withdrawal-of-consent>).