

# REINSTATEMENT TO ICAS MEMBERSHIP



RE-INSTATEMENT IS GOVERNED BY THE ADMISSION REGULATIONS WHICH ARE AVAILABLE ON THE ICAS WEBSITE.

Former Members seeking to be re-instated within one year of their Membership having lapsed will automatically be re-instated to Membership on the payment of a re-instatement fee and any outstanding subscription fees.

Further information can be obtained by contacting ICAS on +44 (0)131 347 0100.

## APPLICATION

Former Members who have been out of Membership for more than one year and wish to be re-instated to Membership must submit an application form. To be eligible for consideration for re-instatement a former Member must:

- Meet the character and behaviour requirements for Membership;
- Satisfy the competence requirements;
- Pay a re-instatement fee; and
- Pay outstanding subscription fees.

The attached application form should be fully completed and returned either by email to [complaints@icas.com](mailto:complaints@icas.com) or posted to the following address:

Investigations Department  
ICAS, CA House  
21 Haymarket Yards  
Edinburgh, EH12 5BH

Please provide as much information as possible that is relevant to your application. No application will be considered until all the required information and documentation has been received by ICAS.

Each completed application form will be considered on its individual facts and merits. The process of dealing with an application for re-instatement can take some time and may depend on the circumstances of each individual.

## CHECKLIST

To help us to process your application as efficiently as possible, please ensure that the following are included with your application:

- Details of two referees;
- Completed ICAS CPD forms for the last two years; and
- A copy of your CV.

If there is insufficient space in any section to provide all the information required, please make reference to and attach any additional information to the application form.

## FURTHER INFORMATION

If you have any queries regarding the re-instatement process you may contact us on:

Investigations

Tel: +44 (0)131 347 0271

Email: [complaints@icas.com](mailto:complaints@icas.com)

# APPLICATION FORM

## 1 PERSONAL DETAILS

First/given name:  Preferred first name:

Surname/family name:  Title:

Previous name (if applicable):  Date of birth:

Home address:  (tick if this is your preferred mailing and billing address)

Address:

City/town:  Postcode:

Country (other than Britain):

Email address:  Contact number:

Former Membership number (if known):

Date Membership ceased:

## 2 EMPLOYMENT DETAILS

Current Employer:

Position Title:

Business Address:  (tick if this is your preferred mailing and billing address)

Address:

City/town:  Postcode:

Country (other than Britain):

Email address:  Contact number:

Will you require a practising certificate if your re-instatement application is approved?

Yes   
No

### 3 INSOLVENCY, CRIMES, OFFENCES AND DISCIPLINARY ACTION

a) Please indicate whether you have been subject to any of the following since your Membership ceased:

	Yes	No
Have you been convicted of any crime or offence punishable by fine or imprisonment or are there any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you been, made insolvent or entered into a similar process for the benefit of your creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you been subjected to disciplinary proceedings by any statutory, professional or other body in respect of your professional capacity?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "yes" to any of the questions above, please refer to questions b) – d) below.

b) Please provide background information to any crime/offence/insolvency/disciplinary proceedings etc.

c) Please provide details of the current status of items in b) above:

d) If you were made insolvent, please provide the following additional information:

Trustee name:

Trustee address:

Date of insolvency:

Date of discharge:

Please note that your Trustee may be contacted to obtain information relating to your application for re-instatement.

Please also attach the following documents to your application form:

- A copy of the Discharge;
- An initial Statement of Affairs as at the date of insolvency;
- Trustee's receipts and payments for period of insolvency; and
- Reports to Creditors

## 4 MEMBERSHIP DETAILS

- a) Please confirm that you have not used the designation 'CA' or referred to yourself as being a 'Chartered Accountant' whilst being out of Membership:

If you have, please provide details below:

- b) Please explain fully, with reasons, why you ceased to be a Member:

- c) Please explain, with reasons, why you wish to be considered for re-instatement to Membership?

- d) Please provide details of your future plans and career aspirations:

## 5 EMPLOYMENT/WORK SINCE MEMBERSHIP LAPSED

Please submit a copy of your CV when submitting your application form.

a) Please provide details of your employment or work undertaken since Membership ceased:

From (date)	To (date)	Employer/organisation	Position held/title	Please detail the knowledge, skills and experience you were required to have to undertake the role

b) If there are any gaps in your employment/work please explain:

c) Are you a member of any other professional bodies?

Yes

No

d) If yes, please provide name(s) and details of membership:

## 6 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Please provide details of the CPD you have undertaken for the last two years you have been out of Membership using a copy of ICAS' separate CPD form. A copy of this form can be found on the ICAS website. Please complete one form for each year.

Details of other relevant CPD undertaken:

Details of intended CPD for the next 12 months:

## 7 REFERENCES

Please provide details of two referees we may contact. One referee should be a suitably senior person from your most recent employer. At least one of the referees should be a Member of ICAS (or another professional body). Neither should be a family member.

Referee 1 – CA/other professional body

First/given name:

Title:

Email address:

Telephone number:

Most recent employer

Surname/family name:

Relationship to applicant:

Years known:

Referee 2 – CA/other professional body

First/given name:

Title:

Email address:

Telephone number:

Most recent employer

Surname/family name:

Relationship to applicant:

Years known:

## 8 OTHER INFORMATION

Please use this space to provide any other information that may be relevant to your application:



## 9 DECLARATION

I confirm that the information contained in this application is true and accurate.

I hereby undertake that, if admitted to Membership of ICAS, I will be bound by and conform to the Rules and Regulations of the Institute that are now in force or may hereafter from time to time be made.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Data Protection

The activities of ICAS necessarily include the gathering and processing of personal information. Any personal data collected will be used in accordance with current data protection and other related government legislation. Personal data (including sensitive data provided by you) will be processed for any registered purpose, including the maintenance of professional discipline and ethics. ICAS recognises its duty to ensure that personal data is processed fairly and treated confidentially at all times, irrespective of whether it is held on paper or by electronic means.