

2010 CGAP™ and CFSA™ Examination Application Form

ABN 80 001 797 557

For Australian, PNG and South Pacific candidates only.

This document will be a tax invoice for GST when you make payment.



**The Institute of
Internal Auditors
Australia**

PERSONAL DETAILS

Please use BLOCK letters

Title (Prof/Dr/Mr/Mrs/Ms/Miss)

Family name:

Given names

Name as appears on photo ID:

Date of birth:

Home Address:

City: State:

Postcode: Country:

Telephone: ()*

Facsimile: ()*

* Area/City Codes required

Organisation:

Position in organisation:

Mobile:

Email:

Send mail to:

Home Office

PROFESSIONAL ASSOCIATIONS

Tick the organisation/s which you belong to:

- AICD FINSIA
 AFPA NIA
 ISACA AIM
 CPA Australia ICAA
 CSA ACCA
 Law Society/Institute Other (please specify):

INTERNAL AUDITING EXPERIENCE

- None 1-2 years
 Less than 1 year Over 2 years

IIA Membership

You must be a member of IIA-Australia to enrol for CGAP™ CCSA™ CFSA™.

Membership No.: _____

Affiliate: _____

Not a member? A special discount of \$110.00 (inclusive of GST) is offered. Please enquire.

EXAMINATION LOCATIONS

AUSTRALIA SOUTH PACIFIC

Adelaide, SA Suva, Fiji

Brisbane, QLD

Townsville, QLD

Canberra, ACT

Darwin, NT

Hobart, TAS

Melbourne, VIC

Perth, WA

Sydney, NSW

EXAMINATION DATE

Please indicate in which month you wish to sit your exam.

CFSA™ Examination disciplines (choose one)

Banking Insurance Securities

Or... I will be sitting:

CCSA™ or CGAP™

PAYMENT

Payment for examination is required upon application. The following fees are applicable for 2009 Prices are subject to change.

Registration fee (inclusive of GST)

Australia

A\$165

Exam Part Fees (inclusive of GST)

CGAP™ A\$420

CCSA™ A\$420

CFSA™ A\$420

TOTAL \$

PNG and South Pacific candidates – for pricing please request.

A cheque/money order for \$ is enclosed.

Or if you wish to pay by credit card, please complete the following:

CREDIT CARD:

1% surcharge for MasterCard/Visa

2.5% surcharge for Amex/Diners

Visa MasterCard Amex Diners

Credit Card Number:

Card Holder's Name:

Signature:

Expiry Date:

DISABILITY

Tick here if you need accommodation during the examinations for a disability. Include a separate letter stating what type of accommodations you require.

CERTIFICATION

By signing and submitting this form, I certify that I have read and will abide by the IIA Codes of Ethics.

Signature:

Date:

Please return this form and payment to:

Institute of Internal Auditors-Australia
PO Box A2311 Sydney South NSW 1235 Australia

Telephone: +61 2 9267 9155

Toll free: 1800 236 366 (within Australia only)

Facsimile: +61 2 9264 9240

Email: enquiry@iia.org.au

Website: www.iia.org.au

OFFICE USE ONLY

Cheque: \$

Credit Card: \$

Entered:

Date:

Comments:

Character Reference Form



The Institute of
Internal Auditors
Australia

This form or a photocopy of this form should be used in providing a character reference for CCSA[™], CGAP[™] or CFSA[™] candidate. The following information should be completed and verified by a CFSA[™], CGA[™], CCSA[™], a CIA[®], or the candidate's supervisor.

PERSONAL DETAILS

Please use BLOCK letters

Title (Prof/Dr/Mr/Mrs/Ms/Miss):

Candidate's Family Name:

Given name:

Middle initial:

Organisation:

NOTE TO REMEMBER

The above-named individual has applied to sit for the CFSA[™] (Certified Financial Services Auditor) examination. In considering the candidate's qualifications for the CFSA[™] designation, we require an evaluation by a CFSA[™], CGAP[™], CCSA[™], a CIA[®], the candidate's supervisor. The basis for this evaluation is the Code of Ethics established by The Institute of Internal Auditors. Please read the Code of Ethics and then complete this form. (The Code of Ethics is available on the IIA's Web site: www.theiia.org.)

RECOMMENDER'S AUTHORITY

I am (check all that apply):

A CFSA[™] (Certification in Control Self-Assessment)

A CGAP[™] (Certified Government Auditing Professional)

A CCSA[™] (Certified in Control Self-Assessment)

A CIA[®] (Certified Internal Auditor)

The candidate's supervisor

Other (explain):

STATEMENT OF CHARACTER REFERENCE:

In my opinion, (candidate's name)

meets the qualifications set forth by the Code of Ethics established by The Institute of Internal Auditors.

Recommender's signature:

Date:

INFORMATION ABOUT RECOMMENDER

Title (Prof/Dr/Mr/Mrs/Ms/Miss):

Family Name:

Given name:

Address:

Telephone: ()

Facsimile: ()

Organisation:

Email:

Work Experience Verification Form for CFSA[®] or CGAP[®] Candidate



The Institute of
Internal Auditors
Australia

This form (or a photocopy) is used to verify attainment of two years of auditing experience in a financial services environment or government environment. The following information should be completed and verified by a CFSA[™], CIA[®], CGAP[™], CCSA[™], or the candidate's supervisor.

PERSONAL DETAILS

Please use BLOCK letters

Title (Prof/Dr/Mr/Mrs/Ms/Miss):

Candidate's Family Name:

Given name:

Middle initial:

Organisation:

VERIFIER'S AUTHORITY

I am (check all that apply):

A CFSA[™] (Certified Financial Services Auditor)

A CGAP[™] (Certified Government Auditing Professional)

A CCSA[™] (Certification Control Self-Assessment)

A CIA[®] (Certified Internal Auditor)

The candidate's supervisor

Other (explain):

STATEMENT OF VERIFICATION

I Verify that (candidate's name)

has completed at least two years of auditing experience in a financial services environment or government environment as described below:

Verifier's signature:

Date:

CANDIDATE'S EXPERIENCE

The following information about the candidate should be listed in chronological order, with the most recent position listed first. Please list the candidate's job title, dates employed, and a brief description of the candidate's duties and responsibilities. If teaching experience is being verified, list course titles, dates, and description of courses.

Title: _____ Dates: From / / to / /

Description of Duties: _____

Title: _____ Dates: From / / to / /

Description of Duties: _____

Title: _____ Dates: From / / to / /

Description of Duties: _____

INFORMATION ABOUT VERIFIER

Title (Prof/Dr/Mr/Mrs/Ms/Miss):

Family Name:

Given name:

Address:

Telephone: ()

Facsimile: ()

Organisation:

Email: