

# 2010 CGAP™, CCSA™ 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<sup>™</sup>, CGAP<sup>™</sup> or CFSA<sup>™</sup> candidate. The following information should be completed and verified by a CFSA<sup>™</sup>, CGA<sup>™</sup>, CCSA<sup>™</sup>, a CIA<sup>®</sup>, 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<sup>™</sup> (Certified Financial Services Auditor) examination. In considering the candidate's qualifications for the CFSA<sup>™</sup> designation, we require an evaluation by a CFSA<sup>™</sup>, CGAP<sup>™</sup>, CCSA<sup>™</sup>, a CIA<sup>®</sup>, 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](http://www.theiia.org).)

## RECOMMENDER'S AUTHORITY

I am (check all that apply):

A CFSA<sup>™</sup> (Certification in Control Self-Assessment)

A CGAP<sup>™</sup> (Certified Government Auditing Professional)

A CCSA<sup>™</sup> (Certified in Control Self-Assessment)

A CIA<sup>®</sup> (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 Form for CCSA<sup>TM</sup> Candidate



The Institute of  
Internal Auditors  
Australia

This form or a photocopy of this form should be used to verify attainment of **one year** of control-related business experience (such as CSA, auditing, quality assurance, risk management, or environmental auditing) by a CCSA<sup>TM</sup> Candidate. The following information should be completed and verified by a CCSA<sup>TM</sup>,

## 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 CCSA<sup>TM</sup> (Certified in Control Self-Assessment)

A CIA<sup>®</sup> (Certified Internal Auditor)

The candidate's supervisor

Other (explain):

## STATEMENT OF VERIFICATION

I Verify that (candidate's name)

has satisfied all of the following requirements.

Verifier's signature:

Date:

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 (two years of teaching experience in a control-related topic will be accepted as completion of the work experience requirement).

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:

In addition, please complete either Validation of Facilitation Experience Form OR Validation of Facilitation Training form.

# Validation of Facilitation Training Form for CCSA™ Candidate



The Institute of  
Internal Auditors  
Australia

This form or a photocopy of this form should be used to verify completion of appropriate facilitation training by a CCSA™ candidate. The following information should be completed and verified by a 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: \_\_\_\_\_

## TRAINING ATTENDED

Please use BLOCK letters

Name of Course: \_\_\_\_\_

Basic Course Description: \_\_\_\_\_  
\_\_\_\_\_

Course Provider: \_\_\_\_\_

Name of Instructor(s): \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Total Time (Hours) in Course: \_\_\_\_\_

(minimum 14 hours):

## TRAINING CRITERIA

Appropriate course must include all of the following:

- Facilitation techniques, including methods to encourage participation, probe for information and keep discussions on topic.
- Conflict resolution techniques, including techniques for handling difficult participant types.
- Consensus building techniques.
- Group Dynamics and/or group decision making.
- Workshop Planning.
- Facilitation exercise including group assessment/feedback to participant.

## STATEMENT OF VERIFICATION

I verify that the information provided above is correct and that the submitted course meets the criteria listed above for appropriate courses.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIRED INFORMATION

Please attach proof of course completion. If the course is not one of the courses pre-approved by the IIA, please attach a course description and/or agenda, along with contact information for the course provider.

# Validation of Facilitation Experience Form for CCSA<sup>TM</sup> Candidate



The Institute of  
Internal Auditor:  
Australia

This form or a photocopy of this form should be used to verify attainment of appropriate facilitation experience by a (CCSA<sup>TM</sup> candidate). The following information should be completed and verified by a CCSA<sup>TM</sup>, a CIA<sup>®</sup> 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 CCSA<sup>TM</sup> (Certified in Control Self-Assessment)

A CIA<sup>®</sup> (Certified Internal Auditor)

The candidate's supervisor

Other (explain):

\*Other qualified verifiers will be considered for approval. (An example of other qualified verifiers would be the candidate's contractual clients if CSA is performed by a candidate who is an external consultant).

## STATEMENT OF VERIFICATION

I Verify that (candidate's name):

has satisfied all of the following requirements.

- Facilitated or co-facilitated at least one control self-assessment (CSA) workshop, acquiring at least seven (7) total hours of direct facilitation or co-facilitation experience. A CSA workshop is one that assesses and evaluates risks, controls, or processes supporting the achievement of objectives.
- Demonstrated, through facilitation or co-facilitation, the ability to encourage group participation, resolve conflict (if applicable), and build consensus.
- Been involved in the planning of at least one CSA workshop.
- Received assessment/feedback on performance as a facilitator or co-facilitator.

Verifier's signature:

Date:

## INFORMATION ABOUT VERIFIER

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

Family Name:

Given name:

Address:

Telephone: ( )

Facsimile: ( )

Organisation:

Email: