

Amendment to a training agreement



Please scan and email your completed form to applications@icaew.com

T +44 (0)1908 248 250

If you wish to cancel a training agreement, please note that this must be completed online by the authorised individual(s) at your training office. If they are unable to do so, please email studentsupport@icaew.com

STUDENT DETAILS

Name	TITLE	FORENAME	SURNAME
Student number			
Private address			
Postcode/zipcode		Country	
Telephone (daytime)			
Email			

TRAINING ORGANISATION DETAILS

Name	Training Office Number L00/X00		
Office address (where student is based)			
Postcode/zipcode		Country	
Telephone (daytime)			
Email			
In case of queries please contact			
The notifications below may be signed for on behalf of the authorised training employer (ATE) by an appropriate member of staff.			
Signature	Date	DD MM YYYY	
Print name	Member number		
QPRT/deputy	<input type="radio"/> YES	<input type="radio"/> NO	
Job title	In case of queries, contact number		

AMENDMENT DETAILS

This form gives details of a (please put a cross in the appropriate box)

- Change of office within our training organisation (see section A) Suspension application (see section C)
 Training agreement duration amendment (see section B)

A. CHANGE OF OFFICE WITHIN OUR TRAINING ORGANISATION

Date left old office **DD MM YYYY** Date joined new office **DD MM YYYY**

Training Office Number L00/X00

Office address
(where student
is based)

Postcode/zipcode Country

Telephone (daytime)

Email

I confirm that the details given above are correct.

Signature of student Date **DD MM YYYY**

B. TRAINING AGREEMENT DURATION AMENDMENT

Original agreement duration New agreement duration

- A training agreement is for three to five years, and any changes in duration may not exceed these limits.
- Where a training agreement is being reduced, the work experience requirements must have been met at the point of completion.
- Training agreements are normally only extended to meet work experience requirements.

I confirm that the details given above are correct.

Signature of student Date **DD MM YYYY**

C. SUSPENSION APPLICATION

I apply to suspend the training agreement for the following reason.

If approved, the suspension should be registered from

DD MM YYYY

When the student returns to work, please inform the Applications Department by submitting a further Amendment form. For further information on suspensions please see the regulations or contact applications@icaew.com

USING YOUR PERSONAL INFORMATION

The protection of personal privacy is an important concern to ICAEW. Any personal data collected will be treated in accordance with current data protection legislation.

We will use your personal data to deliver your inclusive student services including; advice, awareness, assessment, CABA eligibility, communication, examinations, networking, products, quality, regulation, research, services, training and to administer your membership account. Any documents submitted as part of your registration may be checked with the issuing authority to ensure their authenticity.

In order to meet our student obligations to you we may share relevant personal data with communities, faculties, local groups, district & student societies, your employer, Regulatory bodies and with external assessment, training and examination partners.

For more information about our data protection policy please go to icaew.com/dataprotection

* Version 2018/03