

## SELF DECLARATION OF APPROVED ORGANIZATIONS FOR PRACTICAL TRAINING NON PUBLIC PRACTICE SECTOR - CERTIFICATE LEVEL STRATEGIC LEVEL 01. Name of the Organization Please tick " $\sqrt{}$ " (yes) or "X" (no) from question no 02 to 07 as appropriate. 02. **Details of the Internal Audit and Finance Divisions** Department No. of staff **Description** (Finance/ Internal Audit) Existing **Expected for Next Year Trainees** Certificate Level Strategic Level **CA Sri Lanka Members** Other Staff members 03. Does your organization rotate trainees among different functions to provide exposure in the following experience categories? Financial Accounting & Management Accounting Internal Auditing Taxation Financial Management Information Technology 04. Does your organization provide the opportunities for trainees to ensure that they meet the required level of Communication Skills? Preparation of business letters, memos and reports etc. Making presentation with the assistance of electronic media Participating for meeting with internal and external parties Other (please specify) 05. Does your organization provide opportunities for trainees to develop business ethics? 06. Does your organization provide opportunities for trainees with adequate access to, Technical resources (tax, audit, accounting, legal etc.) Education and training circulars Website of CA Sri Lanka 07. Does your organization; approve study leave recommended by CA Sri Lanka? pay trainees the minimum allowances recommended by CA Sri Lanka or more?

i. What are the other benefits provided for trainees?	
ii. Number of training programmes conducted for trainees during the	year 2013;
Nature of programme	Number of Sessions
Kindly state any other information which may differ from the in approval.	nitial application submitted fo
Declaration	
I Designation	
of the organization confirm t hat I am authorized to signthis declaration and the information given in this form is correct.	on on behalf of the organization
In my opinion this organization provides adequate training for Certifica specified by the Institute of Chartered Accountants of Sri Lanka.	te / Strategic Level trainees as
I accept that the renewal of Approved Training Partner status is required ex suspend the approval status in the event of failure to comply with the releva	
Signature	
Date	
	D M M Y Y Y Y

## **Information Sheet** 01. Name of the Organization Head office Address $\overline{\hspace{1em}}$ $\overline{\mathbb{V}}$ Telephone Nos. $\overline{\mathbf{v}}$ Fax Email 02. **Contact person for training matters** $\overline{\mathbb{V}}$ Designation Telephone Nos. Fax Email

## 03. Other Locations

Place of employment of trainees and members in the organization. (Please fill the table as applicable for your organization and provide contact details of other locations as an attachment)

Place of Employment	No of Trainees	No of Supervising Members	Other CA Sri Lanka Members
Approved Organisation			
Subsidiary Companies			
Branches			

- Please attach the current organizational structure
- Please attach the structure of the Finance & Internal Audit Divisions

Date		Signature
D D M M Y Y Y		
	Name	
	Designation	