



INTERNSHIP PROGRAMME APPLICATION FORM

- 1. Name:
- 2. Gender:
- 3. Member Number:
- 4. Date of Birth:
- 5. Current Location:
- 6. Phone Number:
- 7. Email Address.....

8. Academic Qualifications:

9. Professional Qualifications

- a. _____
- b. _____
- c. _____

10. Work experience (If any)

| Institution/Organization | Position | Duration (from – to) |
|---------------------------------|-----------------|-----------------------------|
| | | |
| | | |
| | | |

11. Preferred area of specialization for Internship

- a) Taxation ()
- b) Audit ()
- c) Accounting ()
- d) Forensics ()

Other (please specify) -

12. Availability for internship

- a) Immediately available ()
- b) Other (please specify)_____

13. Preferred internship basis

- a) Full time ()
- b) Part-time (half day) ()

11. Any special information/condition you need to disclose about yourself

I _____ confirm having read the internship policy and will abide by it and any other rules/regulations governing the internship. I also commit to abide by the ICPAK Code of Ethics

Signed_____

Date_____