

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF KENYA
INDIVIDUAL EXPRESSION OF INTEREST FORM FOR CPD PROGRAMME FACILITATORS

PART A: BIO DATA

Name: _____

Date of Birth: _____ Gender: _____

Postal Address: _____

Physical Address: _____

KRA PIN No: _____ ID No./PP No.: _____

Next of Kin: Name _____ Email: _____

Mobile Number: _____ Home Tel: _____

PART B: ACADEMIC QUALIFICATIONS

Please state your three highest or most relevant academic qualifications (Degree/Masters/PhD/Other)

Name of Institution	Degree or Certificate awarded	Date of Completion

PART C: PROFESSIONAL QUALIFICATIONS

Please state your three highest or most relevant professional qualifications in support of your application

Name of Institution/Examining Body	Qualifications Attained	Year of Award

PART D: MEMBERSHIPS TO PROFESSIONAL BODIES

Please state your membership to professional bodies. (Kindly note that ICPAK may cross-check with the named body).

Professional Body	Member Number	Year of Entry

PART D: AREAS OF SPECIALTY. (Please rank them starting with your strongest area)

Core Areas of Competence/Expertise	Other Areas of general interest but not practical experience

PART E: REFEREES:

Kindly share the names and contacts of three referees who can rate your expertise presentation skills.

Name	Organization	Email	Cell Phone

Kindly note that by participating in this Expression of Interest, you give ICPAK authority to contact your referees and seek any information pertaining your suitability and competencies for inclusion in the panel of facilitators.