

**CHARTERED ACCOUNTANTS IRELAND
ELEVATION PROGRAMME**

REQUEST FOR APPROVAL OF EP TRAINING MENTOR

All Elevation Programme (EP) students should inform themselves on the *Recognised Experience for Qualification - Guidelines for Mentors and Students* on our website at www.elevationprogramme.ie to ensure their employment will provide the appropriate environment in which to secure the breadth and range of experience necessary to demonstrate the acquisition of the competencies, skills and knowledge requisite for admission to membership.

Students on the Elevation Programme should ensure the accountant they identify for the role of mentor is a member of the Chartered Accountants Ireland or a member body recognised by IFAC. That they will be in a position to undertake the following duties for the period of Recognised Experience for Qualification:

Role of Mentor

- will share knowledge and experience with the student
- will act as a role model
- will work with the student to establish areas and opportunities to gain relevant experience at progressive levels
- encourage the student to reflect on the competencies acquired and the integration of theory into practice
- will plan and monitor the elements of the competencies to be acquired and will validate entries at least twice yearly
- will carry out an annual personal interview to record the progression of the student's acquisition of the professional values and their personal/interpersonal skills
- on completion of the student's period of professional development, complete the Mentor's Assessment to verify that the student has completed the practical experience requirement element of the admission to membership requirements of the Institute of Chartered Accountants in Ireland

Chartered Accountants Ireland, require the designated Mentor to sign the following declaration:

In my role as a Mentor (outlined above) to _____ (state EP Student Name), I confirm I have :

1. studied the Guidelines for Mentors and Students on the Institute's Diary of Professional Development at www.elevationprogramme.ie
2. agreed to communicate with Chartered Accountants Ireland, Training Support Unit in relation to queries arising
3. and will monitor and validate, twice yearly, on the progress of the above EP student's experience maintained on the on-line Diary of Professional Development
4. I further confirm and declare that I do not accept, by virtue of my role as Mentor, any liability or responsibility for the acts or omissions of the above EP Student

Please complete all fields below	
Mentors Name (Print)	
Mentors Signature	
Please tick to indicate your professional qualification status Chartered Accountants Ireland Qualified Member ACA <input type="checkbox"/> FCA <input type="checkbox"/> ACCA Qualified Member <input type="checkbox"/> CPA Qualified Member <input type="checkbox"/> CIMA Qualified Member <input type="checkbox"/>	Membership Number <hr style="width: 80%; margin-left: 0;"/> Number of years qualified <hr style="width: 80%; margin-left: 0;"/>
Mentors Email Address	
Mentors Telephone No:	
Name and student number of Elevation student agreeing to supervise	