

Scheme for members in practice

Registered to licensed application

aat

Please complete this form if you are currently a registered member in practice and wish to apply for a licence.
Please complete all sections, as appropriate, in **BLOCK CAPITALS**.

Personal details

AAT membership no.

Title

Mr

☐

Mrs

☐

Ms

☐

Miss

☐

Other (*please specify*)

☐

Surname

Forenames

Daytime number

Mob number

Email

Diagnostic tests

To be eligible for a licence you must successfully pass AAT's Anti Money Laundering and Professional Ethics diagnostic tests. To be successful you must achieve the pass rate of 71% or more. For further information and to sit the tests please visit **aat.org.uk/mipdiagnostics**

Please tick to confirm that you have successfully passed the Anti Money Laundering and Professional Ethics diagnostic tests.

Anti Money Laundering

☐

Professional Ethics

☐

Practice management

To be eligible for a practising licence you will need to submit evidence of your practice management experience. This experience can be from any self-employed work you have undertaken or your involvement in running a practice as an employee. Your evidence should include details of your duties in running the practice in areas such as dealing with client monies and client bank accounts, handling client complaints, managing compliance with legal and regulatory obligations and client relations*. You can also meet this requirement by providing details of the CPD you have undertaken in practice management, outlining your learning outcomes.

*Please note these are examples of the areas you may wish to reflect on, further examples can be found in the *Guidelines and regulations for members in practice* at **aat.org.uk/mipregulations**

Please provide your evidence in the box below (continued overleaf).

Practice
management
(continued)

Professional
referee –
information for
applicant

Please arrange for a referee to provide a suitability statement for a practising licence for you.
Your referee:

- must have known you in a professional capacity for at least six months and within the last six months
- can not be a family member (unless they are an AAT member in practice or member of one of the chartered and certified accountancy bodies)
- can be the same person who provides continuity cover
- can be a mentor
- can be a client.

Your referee should include details of how long they have known you, how they know of your work/ professional conduct and give a statement about your suitability for a licence.

Please tick one of the following statements.

I you have enclosed my completed professional reference form.

☐

I have arranged for my professional reference form to be completed and it will follow shortly.

☐

For office use only

Date received	Date approved	Approved by
Comments and paras		

Awaiting professional reference

☐

Scheme for members in practice

Professional reference



Information for professional referee

**Please return this page to the
applicant or to: Members in
Practice team, Association of
Accounting Technicians,
140 Aldersgate Street,
London EC1A 4HY**

AAT members in practice are regulated by AAT to ensure members provide a professional service to the public and uphold AAT's good reputation. AAT requires that members in practice demonstrate both to the general public and the accountancy profession, that they are competent, highly trained and committed to maintaining the highest standards of ethics and professionalism. You can view our *Guidelines and regulations for members in practice* at aat.org.uk/mipregulations

You have been selected to provide a statement of suitability for a practising licence. Please complete your details below and provide your statement in the box below and continued overleaf.

Please complete the details below if you consider the applicant to be suitable for a practising licence.

Name of applicant	<input type="text"/>		
Applicant's membership number	<input type="text"/>		
Your full name	<input type="text"/>		
Your address	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Your telephone number	<input type="text"/>	Mob no.	<input type="text"/>
Your email	<input type="text"/>		
Professional relationship to applicant	<input type="text"/>		
Your job title	<input type="text"/>		
Company/business name	<input type="text"/>		
Designatory letters of professional membership held (if applicable)	<input type="text"/>		

**Your statement should include
details of how long you have
known the applicant, how
you know of their work/
professional conduct and
a statement about their
suitability for a licence.**

Statement of suitability for a practising licence

I confirm I have known the applicant in a professional capacity for at least six months

☐

Signature

Date

dd / mm / yyyy

Membership number *(if applicable)*

If you need help, please contact our Membership Support team:

Association of Accounting Technicians 140 Aldersgate Street London EC1A 4HY

t: 0845 863 0801 (UK) or +44 (0)20 7397 3001 (outside UK) f: +44 (0)20 7397 3009

e: membershipsupport@aat.org.uk w: aat.org.uk/members

Registered charity no. 1050724

