

Membership re-admission form: UK Applications

The IFA welcomes previous members the opportunity to re-join the IFA through undertaking relevant CPD, relevant work experience and meeting the IFA's fit and proper criteria.

Based on byelaw 5.1(c) you can re-instate at your original grade of membership, as long as you:

- (i) were not removed from the register of members by order of a Conduct Committee, and
- (ii) can demonstrate sufficient recent relevant experience, and
- (iii) can demonstrate sufficient relevant CPD, and,
 - a. are considered fit and proper to be associated with the Institute and the accountancy profession;
 - and
 - b. have remitted all appropriate fees to the Institute

What is relevant Continuing Professional Development (CPD)

Relevant Continuing Professional Development (CPD) is CPD that is undertaken within a reasonable time, that is directly associated with the professional work that you undertake.

Information relating to CPD can be found on the IFA website [here](#).

As the IFA requires the CPD to be relevant, we cannot accept any CPD older than 12 months. This means that to take advantage of this process you must be looking to re-instate with the same calendar year that your membership either lapsed or resigned, having undertaken CPD within the previous calendar year.

What if I have not undertaken any CPD?

Whilst we think it is vital that members, and accountants in general, undertake relevant CPD, we do understand that this is not always achievable.

As such, you may still be able to re-instate if you have not undertaken any CPD. However, in order to re-instate you will need to;

- Re-apply within the same calendar year that your membership either lapsed or resigned,
- You will have a CPD rest on file added
- Not currently have any adverse CPD disciplinary findings, including a current rest on file, against you

If you do not meet the above, you will need to re-apply as a new member and meet the new entry criteria.

How to apply

As part of the above criteria, if you are looking to re-instate your membership you must:

- **Complete the re-admission form.**

Failure to complete the re-admission form in full will result in your application to re-join being refused

- **Answer the CPD declaration question**

If you have answered Yes to meeting the CPD criteria within the last calendar year, you will be added to the IFA's CPD monitoring list for the next year. This means you may be asked to demonstrate the CPD you have achieved. This can be done through certificates of completion, attendance or witness statements

If you have answered No to meeting the CPD criteria within the last calendar year, you will be issued with an *IFA CPD Rest on File*.

- **Be of a fit and proper**

All members must be of a fit and proper standing. Non-compliance of CPD, including previous CPD rests on files and any, and all, sanctions, fines and disciplinary hearings, will be taken into considering when re-applying to join.

The easiest way to submit your re-admission form, supporting documents and appropriate fees is to email the form to membership@ifa.org.uk

If you have any questions or need assistance with the process, you can call the office and speak to the membership team on 020 3 567 5999.

Necessary requirements

As your membership wishing to re-instate you will be required to submit the below documents.

Evidence to be submitted to re-instate	Submitted?
Completion of this entire form	
Certified ID	

Evidence to be submitted for re-instating your practising certificate	Submitted?
A copy of your PII Certificate	
Evidence of ICO certification	
An up-to-date DBS obtained within the last 3 months	
Evidence of AML supervision	
Please confirm who your AML supervisory body is	
If you are in practice but do not have AML supervision you will be required to complete a firm return and obtain AML supervision with the IFA.	

Public Practice Question	YES	NO
Are you currently in public practice?		
If not, do you plan to move into public practice within the next 12 months?		

Section A - Personal information

Please complete the form in block capital letters and black ink.

Previous membership number	
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Title	
First name	
Middle name	
Surname	
Date of birth (DD/MM/YYYY)	
Email address	
Mobile telephone number	
Home telephone number	
Home address 1	

Other address (e.g. practice/business)	
Work telephone number	

Which contact details would you prefer us to use?	HOME	OTHER

Have you previously been known by any other name? <i>If yes, please provide names below</i>	YES	NO
First name		
Middle name		
Surname		
Date you changed name (DD/MM/YYYY)		
I have included evidence of this, or can provide if asked?	Yes	No

Membership of other bodies

Main professional body	YES	NO
Do you hold membership with another professional accountancy body?		
If yes, please provide the following details and evidence to support this:		
Name of professional accountancy body		
Start date (DD/MM/YYYY)		
End date (if applicable) (DD/MM/YYYY)		

Section B - Fit and proper declaration

All members of the IFA must be of good character. Please complete the fit and proper declaration below. Failure to complete the declaration will result in your application being rejected.

Section A – Financial soundness	YES	NO
Have you, in the United Kingdom or elsewhere:		
• Been the subject of any debt or award against you that remains outstanding or was not satisfied within a reasonable period?		
• Been declared bankrupt, subject to bankruptcy procedures, made arrangements with creditors or involved in any proceedings relating to these areas?		
• Been involved as a director, partner or manager of a business that has gone into insolvency, liquidation or administration?		
• Been the subject of debt collection agencies, court action by HMRC, the IFA or other third parties?		
If you have answered 'yes' to any of the above, please provide details below:		
Section B – Criminal or civil offences	YES	NO
Have you, in the United Kingdom or elsewhere:		
• Been subject to a criminal conviction as set out in Schedule 3 to the Money Laundering Regulations 2017 or equivalent legislation as may apply in other jurisdictions which is unspent?		
• Been subject to, pleaded guilty to, or found guilty of any other offence which is unspent?		
• Been subject to any adverse finding or any settlement in civil proceedings, particularly in relation to any financial business, fraud, misconduct or the formation of companies and trusts?		
If you have answered 'yes' to any of the above, please provide details below:		
Section C – Good reputation and character	YES	NO
Have you, in the United Kingdom or elsewhere:		
• Been notified of any potential investigation and/or disciplinary proceedings by a professional body, tax authority, regulator, court or tribunal?		
• Been subject to investigation and disciplinary proceedings by a professional body, tax authority, regulator, court or tribunal resulting in a finding?		
• Been subject to disciplinary proceedings by an employer resulting in a finding against you?		
• Been dismissed, asked to resign and resigned, from employment, position of trust, fiduciary appointment or similar?		
• Been disqualified from acting as a director, trustee, or disqualified from acting in a managerial capacity in the affairs of the organisation?		
• Been involved with a company, partnership or other organisation that has been refused registration, authorisation, and membership or license to carry out any trade, business or profession or had that registrations, authorisation, and membership or license revoked, withdrawn or terminated?		
• Been refused entry to or excluded from membership of any profession or vocation?		
If you have answered 'yes' to any of the above, please provide details below:		
• Are you currently in the process of any investigation or disciplinary procedures as described above?		
If you have answered 'yes' to the above, please provide details below:		

Section C – Work experience

Please provide details of relevant work experience. This will be used to support your re-admission application. You are welcome to include a CV if you would prefer, however we may need to ask questions if the CV does not provide enough detail. This should not be more than 10 years old. If you require more space, please provide additional pages.

Name of employer		
Position		
Time in position (mm/yyyy)	Start:	Finish:
Roles and responsibilities (this should be specific to the accountancy functions of your role)		

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Position		
Time in position (mm/yyyy)	Start:	Finish:
Roles and responsibilities (this should be specific to the accountancy functions of your role)		

Name of employer		
Position		
Time in position (mm/yyyy)	Start:	Finish:
Roles and responsibilities (this should be specific to the accountancy functions of your role)		

Section D - CPD declaration

Please answer the below declaration truthfully and to the best of your knowledge.

When considering your CPD, you should refer to the [IFA CPD Regulations](#). You must retain records of your CPD for six years in case you are chosen for CPD monitoring.

CPD Question	Yes	No
I have complied with the IFA's CPD requirements for the previous calendar year and can provide evidence of this if requested		
If you have answered NO , please provide a brief description as to what has prevented or hindered you from undertaking any relevant CPD.		

If you answer Yes

If you have that you have complied with the IFA CPD requirements for the previous calendar year you will be asked to provide evidence of this as part of the Professional Standards CPD monitoring schedule.

If you answer No

If you have answered No, you will be asked to *Consent* to having a *Rest on File*. If you refuse to have a Rest on File, it will result in your application being refused re-admission and you will need to meet the new entry criteria.

Print your full name	Signature	Date (DD MM YYYY)

Section E - Member permissions

Please indicate below how you would like the IFA to communicate with you regarding IFA business partner products and services, CPD events and workshops. The IFA's preferred method of communicating is email. The IFA will automatically communicate annual invoicing, regulatory issues and any requests to complete annual returns by email and post.

	Email	Post	Telephone	Text
I agree to be contacted by the IFA by the following communication preferences				

Please indicate whether you agree to be contacted as described below:

	YES	NO
I agree to be contacted by my local IFA branch ambassador about regular meetings that count towards my CPD and can help me in my career path.		
I agree to be contacted by the IFA's business partners about their products and services.		

Section F - Member undertakings

This is a formal declaration between you as an IFA member and the IFA as your professional membership body. The IFA reserves the right to remove you from membership and potentially initiate disciplinary proceedings if you provide false information.

I have read and by accepting membership, I agree to adhere to the **IFA's Bye-laws, Code of Ethics, Disciplinary Regulations, Continuing Professional Development Regulations** and any other guidance issued by the IFA that may relate to my membership, including but not limited to **Professional Conduct in Relation to Taxation** and **Public Practice Regulations**. This includes obtaining an IFA practising certificate and firm supervision if I am offering or start to offer services in the future.

Visit [member regulations](#) for details.

I declare that:

- to the best of my knowledge and belief all of the information given in this application is true and correct.
- I have checked the Bye-laws, regulations and other documentation of any other professional bodies I am associated with before applying to the IFA for membership.

I confirm that:

- I agree to and am able to complete the annual member return and firm return (where my firm is supervised by the IFA) which are online submissions;
- I am able to and agree to communicate with the IFA by email;
- I agree to provide the IFA with correct contact details, including an email address for regulatory and supervisory purposes;
- by applying for membership, a practising certificate and/or supervision with the IFA, my English language proficiency allows me to understand all IFA regulations and Bye-laws, to communicate with the IFA and the IFA to communicate with me.

I understand that:

- I must inform the IFA of any material changes to the information I have provided within 10 working days of the change;
- the IFA reserves the right to contact me and/or other relevant parties to verify any of the information provided in this form or supporting documentation;
- the IFA will confirm my identity using electronic verification, and where appropriate, will make further checks as part of its due diligence before accepting me into membership or offering me a practising certificate;
- if I am in or enter into public practice, I will be required to obtain a basic DBS certificate;
- if I obtain a tax practising certificate and start to offer services outside of the tax practising certificate remit, I will be required to immediately contact the IFA and apply to upgrade my IFA practising certificate; and
- if I am to be supervised by the IFA as a member firm for compliance with AML, I will complete a firm return before an offer of membership can be made.
- the IFA conducts all of its communications in English.

Print your full name	Signature	Date (DD/MM/YYYY)

Verification

Before we accept your application, we may need to obtain "satisfactory evidence" to confirm your identity and address history and we will use electronic verification for this purpose. We may also need to obtain such evidence after we have begun to act on your application. Although a record of our enquiry will be entered on your record it will not affect your credit history.

In certain circumstances, we may also need to obtain evidence confirming the identities of third parties, the source of any funds or other property, the purpose of any instructions or any other matter.

IFA data protection

IFA takes your privacy seriously. All personal information provided to IFA on this form or through any other method of communication is collected and held in accordance with the UK General Data Protection Regulations and the DPA 2018 and any subsequent legislation.

We will treat your personal information in accordance with UK data protection legislation.

We will use your information for administering your membership, for communicating with you in respect of your membership and for IFA research.

We will also use your information to carry out our responsibilities as a regulator and as a professional body. To do this, we may share your information with other organisations as required by law.

We will transfer your information outside the UK specifically to Australia where, as part of the IPA Group, we have shared IT systems. When we transfer your information we will take the necessary steps to ensure that your privacy rights are still protected.

Copies of the IFA Data Protection Policy and the Privacy and Cookie policies are available to view on the [IFA website](#).

Section G – Method of payment

Choose ONE method of payment	Tick
BACS – I confirm that I am paying my fees by BACS. This method of payment provides a fast and efficient means to renew your annual membership. Simply make payment to: The Institute of Financial Accountants Sort code: 23-05-80 Bank account number: 27604875 Please note: If paying via this method you must ensure that your bank uses your membership number, initials and surname as your BACS payment reference so we can locate and allocate the payment. Please note your application will not be assessed until your application fee has been paid. You remain liable to pay any bank charges incurred. Charges not paid may result in your membership not being renewed until all charges are received in full.	
STERLING CHEQUE OR BANKER'S DRAFT DRAWN ON A UK BANK – I confirm that I am paying my fees by Sterling cheque or banker's draft, made payable to the Institute of Financial Accountants.	
INVOICE – I would like to pay by invoice and request that an invoice is sent to the email included on the application form. Please note your application will not be assessed until your application fee has been paid nor will membership be fully approved until all prescribed fees have been paid.	
PAYMENT BY DEBIT/CREDIT CARD ☐ I authorise you to take the appropriate re-instatement fee at time of application to re-join. ☐ I authorise you to take all appropriate fees in order to offer me the grade of membership I have applied for. This will include the appropriate re-instatement fee, exemption fee, annual membership fee, practising certificate fee and member firm fee. If supervision is included in the re-instatement we will only take payment once the firm return has been completed. Payment by Debit/ Visa Card ☐ Visa ☐ MasterCard Card No. Expiry Date Name on Card _____ Date _____ I confirm that this card is mine. If this card belongs to another person, please provide written confirmation and contact details to whom this card belongs. ☐ This card does not belong to me Name Telephone number Email Signature	