

2010 UFE MARKER APPLICATION

PLEASE PRINT OR TYPE

Name (Mr/Mrs/Miss/Ms) _____

Address - Residence _____

Postal Code _____ Telephone Residence (_____) _____ Business (_____) _____

SIN _____ Date of Birth _____ Fax (_____) _____

E-mail _____

Marking Language Applied For (fluency required): English _____ French _____ Either _____ Bilingual Yes _____ No _____

Centre applying for: Comprehensive _____ Noncomprehensive (Session 1) _____ Noncomprehensive (Session 2) _____
No Preference _____

Educational/Marking Experience : _____

In which of the following competency areas have you had the most working/teaching/marking experience?

(Rate 1 through 6, 1 most)

A _____	B _____	C _____	D _____	E _____	F _____	G _____
Performance	Assurance	Governance,	Finance	Management	Taxation	Information
Measurement		Strategy &		Decision-Making	(Federal)	Technology
& Reporting		Risk Management				

EDUCATION

Year UFE Passed _____ Date CA Designation Received ____/____/____ Number of Attempt(s) _____

University Name _____ Degree Received _____

Other Education, Professional Designation, etc. _____

PRESENT EMPLOYMENT

Company Name _____

Address _____

Postal Code _____ Telephone (_____) _____ E-mail _____

Position Held _____ Date Started _____

Responsibilities _____

REFERENCES (3 Chartered Accountants)

1. Name _____ Company _____

Address _____

Postal Code _____ Telephone (_____) _____ E-mail _____

2. Name _____ Company _____

Address _____

Postal Code _____ Telephone (_____) _____ E-mail _____

3. Name _____ Company _____

Address _____

Postal Code _____ Telephone (_____) _____ E-mail _____

Date _____

MUST BE RETURNED BY JUNE 30th **Return to:** Nicole Degagne
Board of Evaluators
Canadian Institute of Chartered Accountants
277 Wellington Street West, 3rd Floor
Toronto, Ontario M5V 3H2 Fax 416-204-3423
E-mail nicole.degagne@cica.ca