



INSTITUTE OF ACCOUNTING & COMMERCE

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**ATC Monitor Document**  
**Contents**

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**ATC Summary Sheet**

(To be completed before Monitor visit by Overall Evaluator and maintained at the ATC.)

**Date of application -----**

ATC Name: -----

ATC Number: -----

Name of Overall Evaluator: -----

Name of contact person: -----

Name of Registered Accounting Officer: -----

Name of Institute with whom registered: -----

Practice Number: -----

Contact telephone numbers: -----

Physical Address: -----

-----

Postal Address: -----

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**Please complete the following tables in respect of all your current and prior year Trainee Accountants (assessor to forward to the Institute).**

Name	Trainee Accountant Number	Start date of Learnership	Tuts done	Competent (C) or Not Yet Competent (NYC)
E. Xample	12345	01/01/04	1	C
			2	C
			3	NYC

Name	Trainee Accountant Number	Start date of Learnership	Tuts done	Competent (C) or Not Yet Competent (NYC)

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**Monitor Visit: Findings Report**

**One per finding. Original to the Institute.**

ATC Name -----

ATC No.: -----

Date: -----

Area under review: -----  
-----

Relevant Documents: -----  
-----

Nature of Deficiency: -----  
-----  
-----

-----  
Signature Assessor

-----  
Signature Overall Evaluator

Print name: -----

Print name: -----

Position at the ATC -----

**Action to be taken by ATC to resolve Findings:**

-----  
-----  
-----  
-----

**Responsibility for action:**

Name: ----- Position: -----

Signature----- Target completion date:-----

(Within 3 months).

**Follow up details and Comments:**

(to be completed when deficiency is resolved)

-----  
-----  
-----  
-----

**Declaration by Overall Evaluator**

I declare that this findings report has been resolved as indicated above and attach proof herewith.

-----

Signature

Print name: -----

Date: -----



**To be completed by the Institute**

Follow up details and comments	
Approval by the Institute	
-----	Date:-----
Signature	



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**IAC Appeal Form**

Complete and post within 14 working days after the assessment to: The ATC Appeals Committee, Institute of Accounting and Commerce, P O Box 36477, Gloderry 7702

Surname and Name / ATC Name:		
Reference/ATC No:		
Postal Address:		
Physical Address:		
Contact telephones (home) ( )	(work) ( )	(Cell)
E-mail:	Date:	

I hereby appeal against the decision taken by The Institute as I am of the opinion it is unfair to me. Please supply information, details, decisions and circumstances regarding your appeal. (Supply supporting documents)


What is the outcome that you wish to achieve?


Have you paid the relevant fee for the appeal and attached proof of payment to this form?

-----

I declare that the above information is true and correct.

-----

Signature of appellant

-----

Date



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**Monitor Visit Documents**

See attachment done in excel. Annexure 1.



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**Monitor Checklist - Process**

**Monitor of TUTS**

ATC number: -----

Date: -----

	YES	NO	COMMENT
Relevant Tuts done			
Time frames as per guidelines			
Tuts assessed (marked)			
Feedback supplied to Trainee Accountant			
Remedial work prescribed			
Final assessment			
Feedback to IAC – secretariat			

### **Portfolio of Evidence**

	YES	NO	COMMENT
Portfolio of evidence maintained – for each Trainee Accountant			
Portfolio includes			
➤ Certified ID			
➤ Certified degree certificate			
➤ Certified academic record			
➤ Proof of registration with IAC			

➤ Proof of registration with FASSET			
➤ Logbook			
➤ Proof of payment of IAC fees			
➤ Tuts completed			
➤ Other			

### **Monitor of Logbook**

	YES	NO	COMMENT
Assessed every 6 months			
Rotation of duties (exposure)			
Coverage of topics			



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**Monitor Checklist – Product**

**One form per Trainee Accountant**

Name of Trainee Accountant: .....

Trainee Accountant Reference no: .....

ATC number: .....

Date: .....

**Choose one Tut and assess as follows:**

	YES	NO	COMMENT
Relevant Tuts done			
Evidence exists of assessment by Assessor			
Assessment is as follows:			
➤ Valid			
➤ Authentic (signatures of Learners/OE)			
➤ Current			
➤ Consistent (between assessments)			
➤ Sufficient			
Is the Feedback by Overall Evaluator appropriate?			
Is the feedback by the Trainee Accountant considered?			
Were the Tuts done in the IAC suggested timeframe?			
Did the Overall Evaluator make the right assessment decision?			
Did the Overall Evaluator complete all the assessment documentation?			

-----  
Assessor Signature

-----  
Date





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**Trainee Accountant Interview Questionnaire (One on One and confidential).**

Name of Trainee Accountant: -----  
Trainee Accountant Reference no: -----  
ATC number: -----  
Date: -----

**One per Trainee Accountant Interviewed.**

1. Were the Tuts issued as suggested?  
-----  
-----
2. Were the instructions clearly given?  
-----  
-----
3. Was the assessment procedure fair? (time, etc)  
-----  
-----
4. Was the feedback received sufficient when the Trainee Accountant was Not Yet Competent? (if applicable)  
-----  
-----  
-----  
-----

5. Does the ATC have Staff meetings regularly? -----

6. Do you receive coaching, mentoring and guidance related to career development?  
-----  
-----

7. Does the Overall Evaluator evaluate your progress at least twice a year against the logbook and rotate your duties so that you receive a variety in training?  
-----  
-----

8. Does the Overall Evaluator rotate your duties so that you receive a variety of training?  
-----  
-----  
-----

General comments:

-----  
-----  
-----  
-----

Assessor signature:

-----

Trainee Accountant signature:

-----

Date:

-----



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**Site visit Report**

Name of Assessor: -----  
Date: -----  
Overall Evaluator's Name : -----  
ATC Name: -----  
ATC No.: -----

Persons interviewed: -----  
-----  
-----  
-----  
-----

**Monitor requirements:**

Monitor checklist used

**Monitor requirements:**

Product Assessed:

Process Assessed:

Discussion with Overall Evaluator:

Discussion with Trainee Accountant:

**Results of Site Visit:**

ATC meets the Institute's standards

ATC meets the Institute's standards with certain recommendations

ATC will meet the Institute's standards once all Findings Reports  
have been cleared. Refer to the Findings Report

**The Institute to take the matter further.**

ATC does not meet the Institute's standard

Comments and recommendations (general):

-----  
-----  
-----  
-----  
-----  
-----  
-----

Overall Evaluator signature:

-----

Assessors signature:

-----

Date:

-----