

# CPD waiver application form



Registration number

Full name \_\_\_\_\_

Do you hold a practising certificate or insolvency licence?  Yes  No

You can use this form to apply for a CPD waiver. Before making your application, please read the CPD waiver guidance notes. Generally, to be eligible for a waiver, you must be continuously absent from work for a minimum period of one month.

To support your waiver application you must be in possession of documentary evidence (such as a medical certificate in the case of illness) and are required to retain this for a period of three years for monitoring purposes (see guidance). If you hold a practising certificate or insolvency licence, or are applying for a waiver for a previous year, you must submit such evidence with this form.

**Copies (not originals) of supporting documentation should be submitted.**

**Please provide the reason you are applying for a waiver ►**

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What date did you/will you stop work?

What date did you/will you return to work?

**Please provide details of any documentation enclosed in support of your application (see notes above) ►**

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I confirm that the information provided is true and accurate. I also confirm that I am in possession of/have enclosed the appropriate documentary evidence to support my claim.

Signature ► \_\_\_\_\_

Date ► \_\_\_\_\_

Please send your completed form and copies of documentary evidence, if appropriate, to:  
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