

PE2 TWES: Period of Experience for a Practising Certificate or Practising Certificate and Audit Qualification

TO BE COMPLETED BY THE ACCA MEMBER

Issued July 2008



SECTION 1 PERSONAL DETAILS

Surname:	Mr/ Mrs/ Ms/ Miss (delete as appropriate)
Forenames:	
Address:	
Daytime telephone number:	
E-mail:	
ACCA membership number (if known):	
Employment department case number (if known):	

SECTION 2 RELEVANT WORK EXPERIENCE

Pre-admission to ACCA membership

Please provide details below of all relevant work experience obtained as an ACCA trainee and indicate if this experience was used in your application for membership.

Employer name Location Job title	Hours per week	Dates From To	Was this work experience relied upon in your application for membership (yes/no)
			(attach extra sheets if necessary)

Post-admission to membership

Please submit photocopies of completed PCTR records. Any relevant post-membership experience not recorded in a PCTR must be shown below:

Employer name Location Job title	Hours per week	Dates From To	Main duties and responsibilities (please be as specific as possible)
			attach extra sheets if necessary)

