Management Endorsement Form

CIPFA – INTERNATIONAL PUBLIC FINANCIAL MANAGEMENT

Training and Certification Programmes

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Semester | Qualification\* | Course Name\* |
|  | 1st |  |  |
|  | 2nd |  |  |
|  | 1st |  |  |
|  | 2nd |  |  |

\*Four Qualifications: 1) Certificate, 2) Diploma, 3) Advanced Diploma, 4) Professional; Course Name: List the name of the course that you will take or request an exemption from taking.

I, (applicant first name) (applicant last name) understand that I must fully comply with CIPFA policies and guidelines related to academic honesty and integrity (i.e., I will not take any actions that may be construed as cheating, such as using, sharing, copying, retaining exam notes, scratch paper, exam questions, and/or cell phones). This form is valid for one (1) qualification.

**Informed Consent.**

*I acknowledge that:*

1. *If I do not successfully complete the exam, I have the option of self-financing a 2nd – 6th attempts.*
2. *I must sit the exam within one year.*
3. *If I am unable to successfully complete the course, I will no longer be a part of the UNICEF IFPM Programme.*
4. *I freely give UNICEF access to my exam results data.*

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| --- | --- | --- | --- | --- | --- |
| **Previous CIPFA Course(s) Name** | **Exam Result** | | | **Year** | **Semester** |
| **Pass** | **1st Fail** | **2nd Fail** |
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**Prerequisites.**

Work experience in accounting, finance, reporting

Functional title:

Serve as a RO/CO finance/budget officer, or within DFAM as a finance, banking, budget or accounts manager, business analyst, officer, specialist, or assistant

Seven (7) earned AGORA IPSAS Programme certificates

Graduate degree (i.e. MA) in a Management related field (preferred - concentration in accounting/ finance)

*The information provided on this form is true to the best of my knowledge.*

Applicant’s signature:

The following section is to be completed by your Head of Office (i.e., Representative or Deputy Representative; Director or Deputy Director) and your supervisor.

Funding UNICEF Office:

Name of Chief of Operations/DRep Ops:

Email address of Chief of Operations/DRep Ops:

Signature of Chief of Operations/DRep Ops:

\*n.b. – Please substitute name of Finance Officer, if the applicant is the Head of Operations. The applicant may not act as Receiving or Authorizing officer for this transaction.

Name of Supervisor:

Email address of Supervisor:

**Supervisor Consent**.

I have read the above and with full knowledge I endorse [**APPLICANT NAME**] to enrol and participate in the International Public Financial Management Training and Certification programme under **CIPFA**. I understand that this means facilitating the applicant’s work plan in order to attend classes virtually (sometimes during work hours) and complete homework assignments during off work hours (i.e. overtime will not be in such excess that the student is not able to complete assignments at home). Managers should be prepared to allow up to 4 hours a week for learning activities, such as attending web classes, reading, homework, assignments, studying.

UNICEF will support students for one (1) attempt at the exam. If the CIPFA student fails an exam, they must self-finance attempts 2 – 6 until passing the exam.

Supervisor Signature:

Date:

**UNICEF provided unique student ID number**.

My Office will be providing funding to cover the cost of participation in the programme.

I confirm that my office has raised and released **P.O. No.:**  (e.g., 12345678) for the applicant’s CIPFA course(s) (tuition and exam fees) for one qualification (1-2 years). This PO will be linked to the CIPFA LTA Ref. 42106394. The P.O. document, or contract, should be included in application materials and sent to DFAM CIPFA coordination: [dfam-cipfa@unicef.org](mailto:dfam-cipfa@unicef.org). The PO document will be countersigned by CIPFA and returned directly to the appropriate UNICEF office. I acknowledge that the above P.O. number will be the student’s UNICEF provided unique student ID number that will be referenced in CIPFA billing.

Head of Office Name: Head of Office Signature:

Date:

Revised – May 2019