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| N:\NEW CPA IRELAND LOGOS & GUIDELINES\0369_CPA_Branding_CPAIrelandLogo_CMYK_Black_AW_LR.jpg | **QA Review Ref:**  **Date:** |  |  |  |

quality assurance pre-visit questionnaire

# **This form must be completed by the Compliance Principal and returned to CPA Ireland at least 4 weeks before your review**

1. Firm Details:

Audit Firm Name: 

Audit Compliance Partner: 

Principal / Partner Details: 



 



2. Staffing Structure:

Please Provide The Following Details:

|  |  |
| --- | --- |
| Number of qualified accountants (please also complete following page) |  |
| Number of consultants used (please also complete following page) |  |
| Unqualified seniors not doing exams |  |
| Students |  |
| Book-keepers and other chargeable staff |  |
| Secretaries and non-chargeable staff |  |

|  |  |
| --- | --- |
| Name of Qualified Staff: | Details of Qualifications: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Name of Consultants used: | Details of Qualifications: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*If you do not have sufficient space on this page please attach details*

Are sub-contractors used for audit assignments?  

*If so, please provide details:*

|  |  |
| --- | --- |
| Name | Details of Qualifications |
|  |  |
|  |  |
|  |  |
|  |  |

Does your PII policy cover these subcontractors?  

2. DETAILS OF FEE INCOME AND CLIENT PROFILE

We will use your most recently submitted annual return information submitted as part of the renewal of your practising certificate for purpose of reviewing client profile and fee income details. You can access your latest return by logging in to [www.cpaireland.ie](http://www.cpaireland.ie) . If there have been any significant changes please advise below.

A review of filings on the public record will also be conducted by the quality assurance executive as part of the pre-planning work.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT PROFILE**

Please provide numbers of the following clients:

Credit Unions 

Medical 

Solicitors/barristers 

Architects 

Investment Intermediaries 

Travel Agents 

Auctioneers 

Charities 

Number of qualified audit reports issued in the last 12 months? 

**3. QUALITY ASSURANCE:**

(a) Has your firm resigned from any audit engagements in the past 12 months.

** **

If yes, please outline how many ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm that resignation procedures that meet the requirements of the Companies Act 2014 are in place.

** **

(b) Have there been any significant changes in your practice structure since your last quality assurance review?

** **

*If yes, please provide details:*



4. Professional Indemnity Insurance Details:

Insurer: 

Policy Number: 

Renewal Date: 

Indemnity Limit: 

Excess: 

Does your policy cover any other firm? ** **

Please provide details of any claims made in the last five years?



Have the matters been resolved?



5. Stationery/webiste:

Please attach a sample of your firm’s headed paper together with any other stationery that the firm may use e.g. business cards, compliment slips etc.

Provide details of the firm’s website where applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Continuity of Practice Agreement (n/a for some partnerships):

Please provide details of your Continuity of Practice Agreement;



7. Client Bank Account:

Does your firm hold a Client Bank Account?  

8. Software:

Please provide details of software packages used by your firm for:

Accounts Production: 

Practice Management: 

Secretarial Service: 

I hereby confirm that the information contained in this document is correct:

Signed:  Date: 

*Audit Compliance Principal/Partner*

Name in block capitals: 