|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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?  

**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. 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: 