

**APPLICANT DETAILS**

<b>Title:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:
<b>First Name:</b>				
<b>Surname:</b>				
<b>Address:</b>				
<b>Suburb/Town:</b>		<b>State:</b>		
<b>Country:</b>		<b>Postcode:</b>		
<b>Phone Details:</b>	<b>Mobile:</b>			
	<b>Home:</b>			
	<b>Work:</b>			
<b>Email Address:</b>				

**DECLARATIONS**

Have you been employed in a senior management role, or in a position that can exert direct and significant influence over the subject matter of the Audit, Risk, and Improvement Committee, at Leeton Shire Council within the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you performed any services, including advisory roles, for Leeton Shire Council, which directly affect the subject matter of the Audit, Risk, and Improvement Committee within the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you acted as an advocate of a material interest on behalf of Leeton Shire Council, or have you been engaged in litigation or in resolving disputes between Leeton Shire Council and third parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you an immediate or close family member who is employed in a senior management role at Leeton Shire Council, or in any other position that can exert direct and significant influence over the subject matter of the Audit, Risk, and Improvement Committee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "yes" to any of the above questions, please provide details of such relationship/s and/or conflict/s:		

**DECLARATIONS**

1. Are you aware of any other real, potential or perceived conflicts of interest that could result from your appointment to this Audit, Risk and Improvement Committee? If yes, please provide details.

**No**       **Yes** – details below:

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2. Have you been charged with, or convicted of, any criminal offences? Are you currently the subject of any ongoing criminal investigations? If yes, please provide details.

**No**       **Yes** – details below:

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3. Have you been declared bankrupt or are you currently undergoing any bankruptcy or insolvency proceedings? Have you entered into a personal insolvency agreement? If yes, please provide details.

**No**       **Yes** – details below:

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4. Have you been the subject of adverse findings by the Australian Securities and Investment Commission, The Institute of Internal Auditors, The Institute of Chartered Accountants, or any other professional standards body? If yes, please provide details.

**No**       **Yes** – details below:

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5. Have you you been the subject of adverse findings by the Independent Commission against Corruption or any other State or Federal anti-corruption body? If yes, please provide details.

**No**       **Yes** – details below:

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**RESPONSES TO SELECTION CRITERIA**

1. Relevant professional qualifications.

2. Relevant professional knowledge and expertise:

- a. Audit, including financial and performance audit; and/or
- b. Risk; including risk management, governance and control frameworks, legislative compliance, and fraud and corruption control; and/or
- c. Improvement, including strategic planning, corporate performance, workforce planning and systems improvement.

3. Understanding of/ experience in Local Government.

4. Understanding of the role of corporate governance in organisations.

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5. Current/prior experience on similar committees.

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**OTHER RELEVANT INFORMATION**

Should you wish to provide further information that you feel may be relevant to Council's consideration of your interest, please submit this as supporting documentation to your EOI.

**PLEASE INDICATE IF YOU WOULD LIKE TO BE CONSIDERED FOR THE POSITION OF CHAIRPERSON/DEPUTY CHAIRPERSON?**

The role and responsibilities of the Chairperson and Deputy Chairperson are detailed in the Committee Charter.

<input type="checkbox"/>	<b>Yes</b> – Consider me for the position of Chairperson/Deputy Chairperson.
<input type="checkbox"/>	<b>No</b> – Do not consider me for the position of Chairperson/Deputy Chairperson.

<b>Skills Matrix</b>				
In the table below, please indicate how you self-assess your levels of skills and experience against each key responsibility of the Committee.				
<b>Skills/Experience</b>	<b>Nil</b>	<b>Some</b>	<b>Sound</b>	<b>Expert</b>
<b>Audit</b>				
Internal audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Risk</b>				
Risk management frameworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governance frameworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal and compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Government legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud and corruption control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project/ contractor management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Improvement</b>				
Service delivery and reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic/corporate planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance data and measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR/ workforce planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset management planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology (IT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System and process improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>REFEREE DETAILS</b>					
<b>Referee 1</b>					
<b>Title:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr:	<input type="checkbox"/> Other:
<b>First Name:</b>					
<b>Surname:</b>					
<b>Company/Employer:</b>					
<b>Relationship:</b>					
<b>Phone Details:</b>	Mobile:				
	Home:			Work:	
<b>Email Address:</b>					

<b>Referee 2:</b>					
<b>Title:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr:	<input type="checkbox"/> Other:
<b>First Name:</b>					
<b>Surname:</b>					
<b>Company/Employer:</b>					
<b>Relationship:</b>					
<b>Phone Details:</b>	Mobile:				
	Home:			Work:	
<b>Email Address:</b>					