

Audit, Risk and Improvement Committee Application Form

Applicant Details

Name/s			Phone (AH)
Postal Address			Phone (BH)
Town	State	Postcode	Mobile
Email			

Board and Audit Committee Memberships (Previous and Current)

Organisation	Type	Start Date	End Date

Professional Certification and Membership (Current)

Organisation	Type	Start Date	End Date

Capability Statements

Skills and Experience	Details
Internal auditing or related auditing experience	
Accounting or related financial management experience and an understanding of accounting and auditing in a public sector environment	
Internal auditing or related auditing experience	

Risk management experience	
Operations of local government including information technology systems and controls	
Other (please specify)	

Contracts or Professional Services

Do you have any contracts with, (actual or potential), or provide professional services to the Snowy Monaro Regional Council that might create a conflict of interest between your duties as a member of this Committee and your private interests?

Yes No

If yes, please describe

Additional Information

Please give any additional details that you consider to be relevant to your application

Referees

Name	Position/Organisation	Contact Number	Personal/Business

For further information or assistance on completing this form please contact Council.

Mail: PO Box 714 COOMA NSW 2630

Phone: 1300 345 345

Email: council@snowymonaro.nsw.gov.au

Web: snowymonaro.nsw.gov.au