Expression of Interest – Respondent Form

The information provided in this form will be used as the basis by which the Shire identifies and selects suitably qualified and experienced persons to be appointed as the:

* independent Presiding Member: and a
* independent Deputy of the Presiding Member

of the Shire of Ashburton’s Audit, Risk and Improvement Committee (the Committee).

This RESPONDENT FORM has been designed so that Parts 1 to 8 are to be complete electronically, by filling in the form fields.

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| **1. PERSONAL INFORMATION** | | | |
| **Full Name:** | Click or tap here to enter text. | | |
| **Email address:** | Click or tap here to enter text. | | |
| **Mobile Phone:** | Click or tap here to enter text. | | |
| Identify below the location where you would normally commence travel to attend Committee meeting, for the purposes of reimbursing travel costs: | | | |
| **Suburb/ Township:** | Click or tap here to enter text. | | |
| **Postcode:** | Click or tap here to enter text. | | |
| **2. PERSONAL STATEMENT** | | | |
| Provide a concise statement addressing your motivation for seeking appointment to the Committee. | | | |
| Click or tap here to enter text. | | | |
| **3. QUALIFICATIONS:** | | | |
| Please list your current qualifications, the name of the institution that awarded the qualification and the year the qualification was attained. | | | |
| **Qualification Name** | | **Name of Institution** | **Year Qualification attained** |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
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| **4. MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS:** | | | |
| **Professional Association Name** | | **Membership Level / Classification** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
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| **5. PROFESSIONAL EXPERIENCE** | | | |
| Briefly describe your experience regarding the following areas of expertise. You may provide details for all or only some elements as applicable to you and your professional experience. | | | |
| **Financial Management** | | | |
| Click or tap here to enter text. | | | |
| **Audit and assurance** | | | |
| Click or tap here to enter text. | | | |
| **Governance and compliance** | | | |
| Click or tap here to enter text. | | | |
| **Risk Management** | | | |
| Click or tap here to enter text. | | | |
| **Fraud, Cyber Security, Internal Controls** | | | |
| Click or tap here to enter text. | | | |
| **Leadership, facilitation and communication skills, in complex compliance environments** | | | |
| Click or tap here to enter text. | | | |

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| **Working with institutional governing bodies** responsible for diverse and complex legislative functions, which may include Local Government. | | | | | |
| Click or tap here to enter text. | | | | | |
| **Meeting Procedures and Practices**, including presiding at meetings, outlining the regulatory frameworks that applied to the conduct of meetings. | | | | | |
| Click or tap here to enter text. | | | | | |
| **6. List LOCAL GOVERNMENTS and OTHER ORGANISATIONS you are or have been associated with in the past 5 years.** | | | | | |
| **Local Government / Organisation Name:** | **Nature of your association:** | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | |
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| **7. Attach your CV, and any additional Information** | | **YES** | ☐ | **NO** | ☐ |
| Click or tap here to enter text. | | | | | |

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| **8. Declaration** | | |
| **To be completed by Respondents** | | | |
| I **DECLARE** that: | | | |
| ☐ | | I have **never** been subject to bankruptcy or insolvency proceedings in accordance with the *Bankruptcy Act 1966* (Cth). | |
| ☐ | | I have **not** been convicted of a serious local government offence; or convicted of a criminal offence for which the indictable penalty was or included imprisonment for more than 5 years. | |
| ☐ | | The information I provided in or attached to this Respondent Form is **true** and **correct** at the time I signed this declaration. | |
| ☐ | | I have **read**, **understood** and **agree** to the terms outlined in the:   * **Expression of Interest**; and * **Supporting Information** detailing applicable legislative and operational arrangements. | |
| ☐ | | I **acknowledge** the information I have provided in or attached to this Respondent Form will be the basis of assessing suitability for the roles offered. | |
| ☐ | | I **authorise** the Shire to distribute the information I provided in or attached to this Respondent Form to elected members for the purpose assessing suitability for the independent Presiding Member or the Deputy of the Presiding Member roles. | |
| ☐ | | I **acknowledge** that if I am selected to be appointed as the independent Presiding Member or the Deputy of the Presiding Member, I will have a legislated obligation to comply with the [*Local Government (Model Code of Conduct)*](https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_s52479.html%26view%3Dconsolidated)[*Regulations 2021*](https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_s52479.html%26view%3Dconsolidated) and the Shire of Ashburton’s Code of Conduct for Council Members, Committee Members and Candidates, as applicable to a Committee Members. | |
| ☐ | | I **acknowledge** that if I am appointed as the independent Presiding Member or as the Deputy of the Presiding Member, the appointment is between myself and the Shire. | |
| **RESPONDENT SIGNATURE:** | | |  |
| **PRINT NAME:** | | |  |
| **DATE SIGNED:** | | |  |

*Respondents may print, sign (wet signature), scan and submit this declaration.*