**Application for WIC Act Audit Services Panel – Form A – Organisation**

# About this document

Use this form to apply for appointment to the Water Industry Competition Act 2006 (WIC Act) Audit Services Panel. You must also complete Application for WIC Act Audit Services Panel - Form B – Auditor for each auditor in your organisation. You must attach all supporting documentation as indicated in these forms.

We have prepared a WIC Act Audit Services Panel Guide to help you complete this form. You can access this guide on our website. You can find information on the WIC Act and requirements for applicants, as well as on how to apply and the application process here. For more information, email the Director, Regulation and Compliance at wica@ipart.nsw.gov.au.

# Meaning of icons and shading in this form

Icons

IPART_Icons_Arrow_Right Instructions to complete this form.

C:\Users\johnd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\IPART_Icons_Paperclip.png A document or supporting evidence to be provided with the application.

IPART_Icons_What Important information to help you complete the application.

A blue gavel on a black background

AI-generated content may be incorrect. The legislative instrument or administrative reason(s) for the question.

Shading

Blue shaded questions must be completed by all applicants.

Amber shaded questions must only be completed if relevant to the application.

# How to complete this application form

1. Provide a response to all required questions.

2. Where an attachment is required, provide the complete file name for the attachment in the file name field in this form (include in the file name, question number to which the file relates, and the document extension). If the attachment is included as part of a larger document, specify the relevant location in that document (e.g. page number) in the location field of this form.

3. Review the completed application form and supporting documentation to ensure that they are concise, complete, relevant and accurate.

## Applicant details

1. Who is applying for appointment to the Panel?

* If your application is successful, the information in this question will be publicly available on the WIC Act Audit Services Panel, WILMA[[1]](#footnote-1) portal and the IPART website.
* Provide information about the applicant entity.

|  |  |
| --- | --- |
| Legal name of entity applying for appointment to the panel: | Click here to enter text. |
| Registered business or trading name: | Click here to enter text or type "N/A". |
| Type of entity: | Click here to enter text. |
| ABN *(not required if providing ACN)* | Click here to enter text. |
| ACN *(not required if providing ABN)* | Click here to enter text. |
| Registered business address: | Click here to enter text. |
| Postal address, if different to the registered business address (otherwise type “as above”): | Click here to enter text. |
| Primary contact name: | Click here to enter text. |
| Contact number: | Click here to enter text. |
| Email address: | Click here to enter text. |

1. What services does the organisation provide and for what industries?

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| Services provided by the organisation: | Click here to enter text. |
| Industries serviced by the organisation: | Click here to enter text. |

1. Does your organisation have adequate insurance coverage?

* Panel Members must maintain $10 million of public liability insurance (or for a lower amount if permitted in writing by IPART) and $10 million of professional indemnity insurance.
* Workers compensation insurance cover must comply with the relevant workers compensation legislation in NSW.

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| --- | --- |
| Public Liability insurance: | |
| Insurance provider(s): | Click here to enter text. |
| Policy number(s): | Click here to enter text. |
| Amount(s) insured for: | Click here to enter text. |
| Professional indemnity insurance: | |
| Insurance provider(s): | Click here to enter text. |
| Policy number(s): | Click here to enter text. |
| Amount(s) insured for: | Click here to enter text. |
| Workers compensation insurance: | |
| Insurance provider(s): | Click here to enter text. |
| Policy number(s): | Click here to enter text. |
| Amount(s) insured for: | Click here to enter text. |

* Provide certificate(s) of insurance.

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| Certificate(s) of insurance: | Insert complete file name of attachment(s). |

## Audit details

1. What are your institutional audit and assessment capabilities?

* List the professional audit standards, certifications and/or frameworks you are accredited under and/or use relevant to the water industry.
* Add more lines, if required.

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| **Audit or Assessment Standard** | **Date accredited** | **Name of Institution** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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* Attach relevant certifications

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| Certification(s): | Insert complete file name of attachment(s). |

1. Key personnel performing audit services

* List at least one auditor/personnel and submit a separate application *WIC Act Audit Services Panel – Form B – Auditor* for each person you are nominating as part of the organisation’s audit team.
* Auditors-in-training may be included in an audit team, but should participate in audits under the direction and guidance of an auditor.
* Technical experts are approved on a case by case basis by IPART and do not need to be Panel Members.
* Add more lines, if required.

| **First Name** | **Last Name** | **Position** | **Email address** | **Role in audits** |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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* Attach application for *WIC Act Audit Services Panel – Form B – Auditor* for each auditor.

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| --- | --- |
| Application for *WIC Act Audit Services Panel form B – Auditor* for each auditor | Insert complete file name of attachment(s). |

1. How will you conduct the peer review and quality assurance process?

* Peer review is required for all WIC Act audits and must be conducted by a Panel Member with relevant skills and experience for the audit. Peer reviewer may be within or external to the organisation.
* The auditor or audit team leader is responsible for the quality of all documentation submitted.

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| Describe your peer review and quality assurance procedures: | Click here to enter text. |
| Who is responsible for performing the peer review? | Click here to enter text. |
| Describe your audit report sign-off protocol: | Click here to enter text. |

* Attach your peer review and quality assurance process

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| --- | --- |
| Peer review and quality assurance process (if applicable) | Insert complete file name of attachment(s). |

## Record keeping

1. What record keeping system do you use?

* *Panel Members must have record keeping systems in place to support audit services.*

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| Describe your procedures used to collate, manage and store records (including secure data and system management practices): | Click here to enter text. |
| Describe how you keep reliable records to support audit findings: | Click here to enter text. |
| What procedures (e.g. encryption, ftp or other) do you use to protect the transmission of electronic confidential or private records when providing audit services: | Click here to enter text. |

## Contact details

1. What are your business contact details?

* If your application is successful, your business contact details will be publicly available on the [WIC Act](http://www.ess.nsw.gov.au/Registry) Audit Services Panel.
* We visit your website to understand how your proposed activity fits with the current services you offer.
* Provide your business contact details.

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| Telephone: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Website: | Click here to enter text. |

1. Who can we communicate with regarding your application

* If your application is successful, your contact’s telephone number will be publicly available on the [WIC A](http://www.ess.nsw.gov.au/Registry)ct Audit Services Panel and your email address will be added to your WILMA Portal account.
* Provide details of your primary and secondary contacts.

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| **Contact:** | **Primary** | **Secondary (if needed)** |
| Full name: | Click here to enter text. | Click here to enter text. |
| Job title: | Click here to enter text. | Click here to enter text. |
| Contact number: | Click here to enter text. | Click here to enter text. |
| Email address: | Click here to enter text. | Click here to enter text. |

Declaration

1. Sign the declaration for this application

This application must be signed by a person legally authorised to sign it, i.e. an Officeholder, or an authorised delegate that is internal to the organisation. If a delegate is signing this form, a letter of authority signed by an Officeholder of the organisation must be provided.

**I hereby declare that:**

* I have completed *WIC Act Audit Services Panel Application – Form A – Organisations*.
* I have completed *WIC Act Audit Services Panel Application – Form B – Auditor*.
* I have read and understood the information and requirements set out in *WIC Act Audit Services Panel Application – Form A – Organisations*, the *WIC Act Audit Services Panel Application Guide*, the *WIC Act Audit Guideline* and the *WIC Act Audit Services Panel Agreement*.
* The information in this application, including any attachments, is complete, true and correct and not misleading by inclusion or omission.
* I understand and accept the obligations set out in the *WIC Act Audit Services Panel Agreement* and *WIC Act Audit Guideline* placed on Panel Members and their Officeholders.
* I authorise the primary contact to act on behalf of the organisation in relation to this application and when appointed to the Panel, and understand that if this application is approved, the primary contact will be a key user for the organisation’s account on the WILMA Portal.
* I am authorised to make these declarations and sign this form by my position as Officeholder or as delegated by an Officeholder of the applicant.
* I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900* (NSW).

**I hereby authorise IPART to:**

* Copy, record, use or disclose any of the information provided in this application for the purpose of assessing and making a decision on the application, auditing, compliance, and enforcement of laws, regulations and legislative rules, the performance of IPART’s statutory functions and for related purposes, subject to requirements of relevant laws.
* Contact the administrator of any government scheme or program to obtain information on the applicant’s performance in that scheme or program, and I understand that information will form part of the WIC Act Audit Services Panel application assessment.
* Provide details of the signatory and witness.

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| **Details** | **Signatory** | **Witness** |
| Full name: | Click here to enter text. | Click here to enter text. |
| Position/title: | Click here to enter text. | Click here to enter text. |
| Relationship to signatory: | N/A | Click here to enter text. |
| Contact number: | N/A | Click here to enter text. |

* Sign the application form in the presence of a witness. Ensure that all questions have been completed before signing the form – sigining here is the last thing that you do.
* You may sign this form electronically (e.g. in Microsoft Word or Adobe PDF) or on a paper copy. If signing a paper copy, please scan and attach the signed page to PDF before submitting.

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| Date of signing: | Click here to enter text. |
| Address of signing: | Click here to enter text. |

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|  | **Signed by, or on behalf of, the applicant:** | **In the presence of a witness:** |
| Sign here: |  |  |

* We require evidence of the signatory’s authority to sign the application form that is dated less than 4 weeks from the date that the application is submitted. This may be, for example, a letter of authority that is duly executed by you to our satisfaction, authorising the signatory to sign your application form on your behalf. A letter of authority may be duly executed by, for example, 2 directors, or a director and a company secretary.
* If you have a sole director and no company secretary or a sole director who is also the company secretary, contact us ([wica@ipart.nsw.gov.au](mailto:wica@ipart.nsw.gov.au)) for instructions prior to signing the application form.
* Attach evidence of the signatory’s authority to sign.

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| **Document:** | **File name:** |
| Evidence of signatory’s authority to sign your application form: | Insert complete file name of attachment(s). |

## Application checklist

1. Have you completed the application form and supporting documentation?

* Check the box when you have completed the task beside it.

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| --- | --- |
|  | Have you completed all the relevant questions and attachments in *WIC Act Audit Services Panel Application – Form A – Organisations*? |
|  | Are all the documents attached to your application relevant and listed in your application forms? |
|  | Has a quality assurance check of your application forms and attachments been completed? |
|  | Has the declaration (question 10) been signed by an authorised signatory in the presence of a witness? |

* Check the box for the supporting documentation that is attached to the application.

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|  | Insurances (Question 3) |
|  | Certificates (Question 4) |
|  | Application for *WIC Act Audit Services Panel – Form B – Auditor* for each auditor (Question 5) |
|  | Peer review and quality assurance process (if applicable) (Question 6) |

1. [WILMA](https://wilma.ipart.nsw.gov.au/) is the Water Industry Licensing Management Application. It is a web-based application which enables licensed network operators, retail suppliers and auditors to submit or access information relevant to their regulatory requirements or functions. [↑](#footnote-ref-1)