## Background

Electricity Networks Regulation Technical and Audit Services Panel - Application Form Part B

This form (Part B) must be completed by all individuals nominated in Part A of the application form for consideration for the Electricity Networks Technical and Audit Services Panel (the Panel).

Typically, organisations apply to become Panel Members and nominate individuals into specific “classifications”, such as Area Specialists, Lead Auditors or Auditors, within the relevant categories. A Lead Auditor automatically qualifies to be included as an Auditor for the same category of audit. Therefore, Lead Auditors do not need to apply as Auditors for a particular category.

This form collects information on the individual’s qualifications, industry experience and skills in relation to the category(ies) applied for. All individuals should attach a detailed resume along with this section of the application.

Please note that if an individual is successfully appointed to the Panel and subsequently leaves the applicant organisation, IPART should be alerted by the applicant organisation. An organisation may also nominate new persons during the term of the Panel Agreement using this Part B application form.

## How to apply

Complete this form and attach any other required information. If the space provided in this form is insufficient, attach any additional information as a separate document.

The complete application form (Part A and Part B), and any supporting information, should be emailed to [energy@ipart.nsw.gov.au](mailto:energy@ipart.nsw.gov.au). Alternatively, it can be mailed or delivered to:

|  |  |
| --- | --- |
| **MAIL** | **OFFICE DELIVERY** |
| Director, Electricity Networks Regulation | Director, Electricity Networks Regulation |
| Independent Pricing & Regulatory Tribunal of NSW | Independent Pricing & Regulatory Tribunal of NSW |
| PO Box K35 | Level 15 |
| Haymarket Post Shop | 2-24 Rawson Place |
| SYDNEY NSW 1240 | SYDNEY NSW 2000 |

All enquiries concerning the selection process, the Panel or probity issues, can be directed to [energy@ipart.nsw.gov.au](mailto:energy@ipart.nsw.gov.au), or to the Director, Licensing and Compliance – Electricity Networks Regulation, contactable at (02) 9290 8412.

Further information regarding IPART and the Panel is available at www.ipart.nsw.gov.au.

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| PART B - INDIVIDUAL INDUSTRY EXPERIENCE INFORMATION This Part B must be completed by each person nominated in Part A for inclusion on the Panel. | | | | | | | | |
| 1. Individual details | | | | | | | | |
|  | Individual name | |  | Applicant organisation name | | | |  |
|  | *Click here to enter text.* | |  | *Click here to enter text.* | | | |  |
|  | Contact number | |  | Email address | | | |  |
|  | *Click here to enter text.* | |  | *Click here to enter text.* | | | |  |
|  | Mobile number | |  | Facsimile number | | | |  |
|  | *Click here to enter text.* | |  | *Click here to enter text.* | | | |  |
|  | Postal address | | | | | | |  |
|  | *Click here to enter text.* | | | | | | |  |
|  | *Click here to enter text.* | | | | | | |  |
|  |  | | | |  |  | |  |
| 2. Capacity in which individual is nominated | | | | | | | | |
| ☐ Lead Auditor ☐ Auditor ☐ Area Specialist | | | | | | | |  |
| 3. Audit categories for which the individual is nominated | | | | | | | | |
| (i) | | Electricity Networks Safety Management Systems | | | | | ☐ | |
| (ii) | | Reliability and Performance | | | | | ☐ | |
| (iii) | | Employment Guarantees | | | | | ☐ | |
| (iv) | | Compliance with the NSW Code of Practice for Authorised Network Operators | | | | | ☐ | |
| (v) | | Critical Infrastructure audits | | | | | ☐ | |
| (vi) | | Other risk management audits | | | | | ☐ | |
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| --- | --- | --- | --- | --- |
| 4. Accreditations/certifications of the individual | | | | |
|  | | *Click here to enter text.*  *Click here to enter text.*  *Click here to enter text.*  *Click here to enter text.* |  | |
| 5. Experience in the area of selected audit categories | | | | |
|  | Include details of projects undertaken for each audit category and describe your role, engagement period, client details etc. IPART may ask for references for certain projects mentioned here.  **Category name:**  *Click here to enter text.*  **Category name:**  *Click here to enter text.*  **Category name:**  *Click here to enter text.*  **Category name:**  *Click here to enter text.* | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| STATUTORY DECLARATION - INDIVIDUAL | | | | | | | |
|  | I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[print full name] solemnly and sincerely declare that:   * The information contained in this document is true and correct. * The information contained in this document is a true reflection of my capabilities and experience.   I acknowledge that IPART may undertake searches or request further information necessary to verify that the information contained in all parts of the application is true and correct.  I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900 (NSW). | | | | | |  |
|  | Made and subscribed at *Click here to enter text.* | | | |  | In New South Wales |  |
|  | On *Click here to enter a date.* | | | | | |  |
|  | Signed by individual | | | |  |  |  |
|  |  | | | |  | *[Signature of declarant]* |  |
|  |  | | | |  | *[Print name of declarant]* |  |
|  |  | | | |  | *[Position/title of declarant]* |  |
|  | In the presence of an authorised witness, who states: | | | | | |  |
|  | I, |  | | |  | *[Print full name of witness]* |  |
|  | a |  | | |  | *[Qualification of witness]* |  |
|  | certify the following matters concerning the making of this statutory declaration by the person who made it: [\*please cross out any text that does not apply]  1. I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and  2. I have known the person for at least 12 months OR \*I have confirmed the person’s identity using an identification document and the document I relied on was | | | | | |  |
|  |  | |  | *[Describe identification document relied on]* | | |  |
|  |  | |  | *[Signature of authorised witness]* | | |  |
|  | Date: | |  |  | | |  |