****

**Technical Services and Water Licensing Audit Panel**

**Application Form – Part D (Auditors only)**

**April 2015**

The Panel application form is for the use of individuals and organisations wishing to be appointed to the IPART Technical Services Panel and Water Licensing Audit Panel, for work to be undertaken in relation to IPART's licensing and audit programs.

Only individuals nominated for inclusion on the Panel as an Auditor for a category(s) should complete this part (Part D) of the application form. Individuals should only respond to the questions relevant to the category(s) being sought.

Lead Auditors are automatically included on the Panel as Auditors. Individuals applying as a Lead Auditor for a category need not also apply as an Auditor for that category (ie, they need not complete this part of the application form for that category).

Part D requires information on the individual’s experience in undertaking audits, in relation to the category(s) applied for.

The application form provides space to insert commentary directly into the form. If requested, information should also be attached to the form.

Please mail or deliver the complete application form, and any supporting information, to

*Director, Water Licensing and Compliance*

Independent Pricing & Regulatory Tribunal of NSW

Level 15 PO Box K35  
 2-24 Rawson Place Haymarket Post Shop   
 SYDNEY NSW 2000 SYDNEY NSW 1240

Please also send an electronic copy of the application form to compliance@ipart.nsw.gov.au.

Please ensure that *all* relevant parts of the application form are completed and attached.

All parts of the application form are available for download from our website (www.ipart.nsw.gov.au)

Part A must be completed by all applicants (organisations) to the Panel. Part A is mandatory.

Part B must be completed by all individuals nominated for inclusion on the Panel. Part B is mandatory.

Part C of the application form must only be completed by individuals applying to be included on the Panel as a *Lead Auditor* for a category(s). Part C is optional.

Part E must be completed by all individuals nominated for inclusion on the Panel. Part E is mandatory.

Please note that if an individual is successfully appointed to the Panel and subsequently leaves their parent organisation, IPART should be alerted. Further, if the individual wishes to continue to remain on the Panel, they must re-apply for the Panel under their new parent organisation.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PART D INDIVIDUAL AUDITOR EXPERIENCE INFORMATION Part D of this form must be completed by **each** person applying for inclusion on the Panel as an **Auditor** (please photocopy if you require more copies). | | | | | | | | | | | | | |
| D1 Individual details | | | | | | | | | | | | | |
|  | | Individual name | | | |  | Parent organisation name | | | | | |  |
|  | |  | | | |  |  | | | | | |  |
|  | |  | | | | | |  |  | | | |  |
| D2 Category(s) sought by nominated Auditors | | | | | | | | | | | | | |
| **Check** (⌧) the appropriate box(s) to nominate the category(s) for which you are seeking appointment to the Panel an Auditor, as is appropriate to your skills, knowledge and experience.  We will determine whether you have sufficient experience to be included on the Panel as an Auditor, based on the information provided in this Part of the application form. | | | | | | | | | | | | |  |
| **Category** | | | | | | | | | | **Auditor** | | | |
| (i) | | | | Licence and regulatory compliance | | | | | |  | | | |
| (ii) | | | | Infrastructure performance | | | | | |  | | | |
| (iii) | | | | Drinking water quality | | | | | |  | | | |
| (iv) | | | | Recycled water quality | | | | | |  | | | |
| (v) | | | | Sewage management | | | | | |  | | | |
| (vi) | | | | Sustainability assessment | | | | | |  | | | |
| (vii) | | | | Environmental management | | | | | |  | | | |
| (viii) | | | | Retail supply | | | | | |  | | | |
| D3 Using this form | | | | | | | | | | | | | |
|  | | | Do *not* respond to all of the questions in this application form. **Only respond to the questions for the category(s) that you are applying for.**  Individuals nominated as a Lead Auditor for a category do not also need to provide separate Auditor experience information for that category, under this part of the application form. Lead Auditors who are successfully appointed to the Panel will also be included as Auditors in the corresponding category(s). | | | | | | | |  | | |
|  |  | | | |  | | | | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D4 Auditor experience and skills | | | | | | | | | | | | | | | | | | |
| You must provide evidence of RABQSA certification ***- or equivalent -*** relevant to the category that you are applying for, **if it is available** and where prompted in this application form (eg, RABQSA Drinking Water QMS Auditor certification, RABQSA EMS Auditor certification, etc.).  Where there is no RABQSA certification currently available, you must provide details of your audit experience relevant to the category that you are applying for, as prompted.  Tables have been provided to include details of your previous audit experience. You may include more rows for items where you wish to demonstrate more extensive experience. | | | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | | | | | | |  | | | |
| **(i) Licence and regulatory compliance** | | | | |  | | | | | | | | | | | | | |
|  | | **Provide** the following details for projects where you have previously completed regulatory compliance and adequacy audits (eg, Quality Management compliance, Environmental management compliance, Asset Management compliance).  You must have completed a minimum of **4** compliance audits, totalling not less than 20 days, as a member of an audit team. These audits must have occurred within the last **2** years from the date of application.   | **Client/ Organisation (name)** | **Brief project/ experience summary** | **Engagement period** | **Referee(s) contact details** | | --- | --- | --- | --- | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | | | | |  | | | | | | | | | | | | |
|  |  | |  | | | | | | | |  | | | | | | | |
| **(ii) Infrastructure performance** | | | | | |  | | | | | | | | | | | | |
|  | | **Attach** copies of your RABQSA AMS Auditor certification (or higher) – ***or equivalent*** – and Audit log.  We expect that RABQSA AMS Auditor certification will be available by 2014.  *In the interim,* **provide** the following details for projects where you have previously completed asset management system audits.1  You must have completed a minimum of **4** asset management system audits, totalling not less than 20 days, as a member of an audit team. These audits must have occurred within the last **2** years from the date of application.   | **Client/ Organisation (name)** | **Brief project/ experience summary** | **Engagement period** | **Referee(s) contact details** | | --- | --- | --- | --- | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | | | | | |  | | | | | | | | | | | |
|  | 1 In future, we may use infrastructure performance Auditors to assess adequacy of a licensee’s asset management system. | | | | | | | | | | |  | | | | | | |
| **(iii) Drinking water quality** | | | | | | | | | | | | | | | | |
|  | | **Attach** copies of your RABQSA Drinking Water QMS Auditor certification (or higher) -***or equivalent*** - and Audit Log. | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | | | | |  | | | |
| **(iv) Recycled water quality** | | | | | | | | | | | | | | | | |
|  | | **Attach** copies of your RABQSA Recycled Water QMS Auditor certification (or higher) -***or equivalent*** - and Audit Log. | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | | | | |  | | | |
| **(v) Sewage management** | | | | | | | | |  | | | | | | | |
|  | | **Provide** the following details for projects where you have previously completed sewage management audits.  You must have completed a minimum of **4** sewage management audits, totalling not less than 20 days, as a member of an audit team. These audits must have occurred within the last **2** years from the date of application.   | **Client/ Organisation (name)** | **Brief project/ experience summary** | **Engagement period** | **Referee(s) contact details** | | --- | --- | --- | --- | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | | | | | | | |  | | | | | | | |
|  |  | | |  | | | | | | | | | |  | | |
| **(vi) Sustainability assessment** | | | | | | | | | |  | | | | | | | |
|  | | **Provide** the following details for projects where you have previously completed sustainability assessments.  You must have completed a minimum of **4** sustainability assessments, totalling not less than 20 days, as a member of an assessment team. These assessments must have occurred within the last **2** years from the date of application.   | **Client/ Organisation (name)** | **Brief project/ experience summary** | **Engagement period** | **Referee(s) contact details** | | --- | --- | --- | --- | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | | | | | | | | |  | | | | | | | |
|  |  | | |  | | | | | | | | | |  | | | |
| **(vii) Environmental management** | | | | | | | | | |  | | | | | | | |
|  | | **Attach** copies of your RABQSA Environmental Auditor certification (or higher) -***or equivalent*** - and Audit Log. | | | | | | | |  | | | | | | | |
|  |  | | |  | | | | | | | | | | |  | | |
| **(viii) Retail supply** | | | | |  | | | | | | | | | | |
|  | | **Provide** the following details for projects where you have previously completed retail supply audits.  You must have completed a minimum of **4** retail supply audits, totalling not less than 20 days, as a member of an audit team. These audits must have occurred within the last **2** years from the date of application.   | **Client/ Organisation (name)** | **Brief project/ experience summary** | **Engagement period** | **Referee(s) contact details** | | --- | --- | --- | --- | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | |  | Click here to enter text. | Click here to enter a date.  to  Click here to enter a date. | Name:  (Ph)  Email | | | |  | | | | | | | | | | |
|  |  | |  | | | | | | | |  | | | | |