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**Technical Services and Water Licensing Audit Panel**

**Application Form – Part E (mandatory)**

**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.

It is mandatory for all individuals nominated by the applicant (parent organisation) for inclusion on the Panel to complete this part (Part E) of the application form (statutory declaration)

The application form provides space to insert commentary directly into 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 submit 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 D of the application form must only be completed by individuals applying to be included on the Panel as an *Auditor* for a category(s). Part D is optional.

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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.

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| PART E INDIVIDUAL STATUTORY DECLARATION | | | | | | | | | |
| Statutory declaration | | | | | | | | | |
|  | I,       [print full name] do solemnly and sincerely declare that 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 accurate.  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 | | | |  | | In New South Wales |  | |
|  | On Click here to enter a date. | | | | | | |  | |
|  | Signed by | | | |  | |  |  | |
|  | |  | |  | | *[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]* | | |  |
|  |  | | | |  | |  |  | |