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| How to apply | | |
| This application form is for network operators to nominate individuals and organisations for approval by IPART to undertake an audit as part of the legislative obligations.  To apply:   * Submit this completed form, and * Attach the CV of at least one lead auditor from the organisation. This should demonstrate the lead auditor’s qualifications, experience and capacity to undertake the audit by meeting the elements of expertise outlined in IPART’s Audit Guideline (see chapters 5 to 8) * Attach a CV for each member of the audit team being identified as holding specific expertise to address the audit requirements   The audit proposal will also have to be approved by IPART. The network operator can choose to submit the proposal at this stage, but this can also be finalised after the auditor has been approved.  For further information, see IPART’s Audit Guideline, available to download from our website.  Please mail the complete application form with any supporting information to:  **Director, Energy Licensing and Compliance**  Independent Pricing & Regulatory Tribunal of NSW  PO Box K35  Haymarket Post Shop  SYDNEY NSW 1240  Please also send an electronic copy of the application form to [energy@ipart.nsw.gov.au](mailto:energy@ipart.nsw.gov.au). | | |
| Nomination information | | |
|  | Which network operator is submitting this nomination form? |  |
|  | What type of audit does this nomination apply to? (delete all that are not relevant.)   * Safety management systems * Bushfire risk management * Reliability and performance (compliance with licence conditions) * Critical infrastructure (compliance with licence conditions) * The Department of Planning and Environment’s NSW Code of Practice for Authorised Network Operators. |  |

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| Auditor general information | | | | | | | |
|  |  | | | | | |  |
|  | Nominated organisation name | |  | | |  |  |
|  |  | |  | | |  |  |
|  | Primary contact person (name) | |  | | | Contact number |  |
|  |  | |  | | |  |  |
|  | Email address | |  | | | Postal address |  |
|  |  | |  | | |  |  |
|  | Secondary contact person (name) | |  | | | Contact number |  |
|  |  | |  | | |  |  |
|  | Email address | |  | | | Postal address |  |
|  |  | |  | | |  |  |
|  | Type of business: | | | | | |  |
|  | Sole Trader  Company  Partnership | | | | | |  |
|  | Other (please describe) |  | | | | |  |
|  | Australian Company Number (ACN) | | |  |  | |  |
|  | Australian Business Number (ABN) | | |  |  | |  |
|  | Auditor experience, expertise and resourcing capacity | | | | | |  |
|  | Provide a brief summary for each of the items listed below, on the auditor’s resourcing capacity, and audit and industry experience, and their ability to provide specialist advice specific to the type of audit this nomination is for. Attach documents to this form as deemed necessary.   * Internal quality management processes and accreditation/certification [if available, attach a copy of the relevant certification (eg, accreditation to ISO 9000)]   Click here to enter text.   * Audit standards and/or frameworks previously applied in audits   Click here to enter text.   * Auditing expertise that will be made available to undertake this audit   Click here to enter text.   * Specific subject matter expertise that will be made available to undertake this audit   Click here to enter text.   * Audit report peer review and sign-off protocols   Click here to enter text. | | | | | |  |