**Application for audit services panel**

Application Form Part A – Organisations

 Purpose of this form

This form is used to apply for appointment to the ESS Audit Services Panel. It should be accompanied by *Application Form Part B – Lead Auditors* and other supporting documentation as indicated in these forms.

To become a Project Impact Assessment with Measurement and Verification (**PIAM&V**) auditor, applicants must also complete the separate [Application Form for approved PIAM&V Auditors](http://www.ess.nsw.gov.au/Audits_and_Compliance/Join_the_audit_panel).

Refer to the [Audit Services Panel Guide](http://www.ess.nsw.gov.au/Audits_and_Compliance/Join_the_audit_panel) to assist you in preparing application documentation. Essential information about the requirements of auditors is set out in the [Audit Service Panel Agreement](http://www.ess.nsw.gov.au/Audits_and_Compliance/Join_the_audit_panel), [Audit Guideline](http://www.ess.nsw.gov.au/Audits_and_Compliance/Audit_and_compliance_guides), [Audit Scope – ESC creation audits](http://www.ess.nsw.gov.au/Audits_and_Compliance/Audit_scopes)*,* [Audit Scope for Annual Energy Savings Statements](http://www.ess.nsw.gov.au/Scheme_Participants/Annual_statements_and_audits) and [ESS notices](http://www.ess.nsw.gov.au/ESS_Notices_and_Updates/). Your application information must be consistent with and meet the requirements set out in these documents. Information on the application process can be found on the [ESS website](http://www.ess.nsw.gov.au/Audits_and_Compliance/Join_the_audit_panel).

 Meaning of key terms, icons and colours in this form

Key terms

**Panel** means the **Audit Services Panel**. The audit service panel is managed by IPART and consists of suitably qualified and experienced audit organisations.

**Panel Member** means an **Audit Services Panel Member**. If this application is successful, you will be appointed to the Panel as a Panel Member. Only Panel Members are allowed to undertake ESS audits.

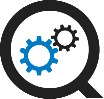
**Panel Agreement** means the **Audit Services Panel Agreement**. If this application is successful, you will be required to sign the Audit Services Panel Agreement.

Icons

**IPART_Icons_Arrow_Right Indicates an instruction for completing this form.**

 Indicates a document or supporting evidence to be provided with the application.

*IPART_Icons_What Important information to assist you with completing the application.*

 How to complete and submit an application

1. Complete [*Application Form Part A*](http://www.ess.nsw.gov.au/Audits_and_Compliance/Join_the_audit_panel)(this form) and [*Application Form Part B*](http://www.ess.nsw.gov.au/Audits_and_Compliance/Join_the_audit_panel)*.*

* If applying for appointment as a Project Impact Assessment with Measurement and Verification **(PIAM&V**) auditor, you will also need to complete the [*PIAM&V application form*](http://www.ess.nsw.gov.au/Audits_and_Compliance/Join_the_audit_panel).

2. Finalise supporting documentation.

3. Review the completed application forms and supporting documentation to ensure that they are concise, complete, relevant and accurate. This is an opportunity to demonstrate the effectiveness of your quality assurance procedures to IPART.

4. Submit the application forms and supporting documentation to IPART.

Applicant details

1. Who is applying for appointment to the Panel?

* If this application is approved, the information in this question will be publicly available.
* The registered business address must match the Current Company Extract.

|  |  |
| --- | --- |
| Legal name of entity applying for appointment to the Panel: | <Type details> |
| Registered business name (if you are operating under a business or trading name): | <Type details> |
| Type of entity: | <Type details> |
| ABN: | <Type details (required if not providing ACN)> |
| ACN: | <Type details (required if not providing ABN)> |
| Registered business address: | <Type details> |
| Postal address, if different to the registered business address: | <Type details> |
| Contact number: | <Type details> |
| Email address: | <Type details> |

Attachments

* Attach a Current Company Extract and, if relevant, evidence of registered business name. These must be dated less than four weeks from the date the application is submitted.
* Current Company Extracts may be purchased from the Australian Securities and investments Commission (**ASIC**) or an ASIC approved information broker.

|  |  |
| --- | --- |
| Current Company Extract: | <Type document name (and location if it is in a larger document)> |
| Evidence of registered business name (if applicable): | <Type document name (and location if it is in a larger document)> |

1. What does the organisation do?

* If this application is approved, the information in this question will be publicly available.

|  |  |
| --- | --- |
| Describe the organisation, its activities and the services provided: | <Type details> |

Attachments

* Attach a business organisational chart that includes employees and contractors relevant to audit activities.

|  |  |
| --- | --- |
| Business organisation chart: | <Type document name (and location if it is in a larger document)> |

1. What insurances do you have?

* Panel members must maintain at least $5 million of public liability insurance and $5 million of professional indemnity insurance.
* Workers compensation insurance insurance cover must comply with the relevant workers compensation legislation in NSW.

|  |  |
| --- | --- |
| **Public liability insurance:** | |
| Insurance provider(s): | <Type details> |
| Policy number(s): | <Type details> |
| Amount(s) insured for: | <Type details> |
| **Professional indemnity insurance:** | |
| Insurance provider(s): | <Type details> |
| Policy number(s): | <Type details> |
| Amount(s) insured for: | <Type details> |
| **Workers compensation insurance** | |
| Insurance provider(s): | <Type details, if relevant> |
| Policy number(s): | <Type details, if relevant> |
| Amount(s) insured for: | <Type details, if relevant> |

Attachments

* Attach insurance policies and /or certificates of currency.

|  |  |
| --- | --- |
| Public liability insurance policy and/or certificate(s): | <Type document name (and location if it is in a larger document)> |
| Professional indemnity insurance policy and/or certificate(s): | <Type document name (and location if it is in a larger document)> |
| Workers compensation insurance policy and/or certificate(s), if relevant: | <Type document name (and location if it is in a larger document) or NA> |

Audit details

1. What are your institutional audit capabilities?

* List the professional audit standards, certifications and/or frameworks you are accredited under and/or utilise.
* Companies must have appropriate institutional experience and infrastructure to support ESS audits.
* Add more lines, if required.

|  |  |  |
| --- | --- | --- |
| Audit Standard | Date accredited | Name of institution |
| <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> |

Attachments

* Attach relevant audit certifications.

|  |  |
| --- | --- |
| Relevant audit certifications: | <Type document name (and location if it is in a larger document) or NA> |

1. What audit standard(s) do you propose to conduct ESS audits to?

* ESS audits can be conducted to any of the following standards: ISO 14064-3:2006 Greenhouse Gases - Part 3, or ISAE 3000 - International Standard on Assurance Engagements, or ASAE 3000 - Assurance Engagements Other than Audits or Reviews of Historical Financial Information.
* If you would like to use another standard, you must request approval from IPART piror to using the proposed standard.

|  |  |
| --- | --- |
| What audit standard(s) do you propose to use?: | <Type details> |
| If you propose to use another standard, describe:  - why ISO14064, ISAE3000 or ASAE3000 are not applicable  - what standard you would like to use, and  - how it will meet ESS requirements: | <Type details, or NA> |

1. What is the organisation’s technical and resourcing capacity?

* List the relevant audit programs, standards and/or frameworks that you have used for past audits and how long you have operated under those programs.

|  |  |
| --- | --- |
| Describe the organisation’s relevant audit activities and time spent doing this work: | <Type details> |

1. What is the typical engagement staff mix?

* Applicants should demonstrate their technical and resourcing capacity to undertake the ESS audits.

|  |  |
| --- | --- |
| Describe your typical audit team, how it is assembled, the engagement process, any contractual relationships in place: | <Type details> |

1. Who are the key personnel involved in ESS audits?

* Key personel include the lead auditor(s), members of the audit team, peer reviewer, technical experts and PIAM&V auditors (if applicable).
* Add more lines, if required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: | Last Name: | Position relevant to ESS audits: | Email address: | Skills and experience relevant to the ESS |
| <Type details> | <Type details> | <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> | <Type details> | <Type details> |
| <Type details> | <Type details> | <Type details> | <Type details> | <Type details> |

Attachments

* Attach the CVs for all key personnel.
* Attach Application Form Part B for each Lead Auditor.

|  |  |
| --- | --- |
| CVs of key personnel: | <Type document name (and location if it is in a larger document)> |
| Application Form Part B for each lead auditor: | <Type document name (and location if it is in a larger document)> |

1. What is the lead auditor hourly rate?

* If this application is approved, the information in this question will be listed in the Panel Agreement.
* Lead auditors must be approved by IPART
* Add more lines, if required.

|  |  |
| --- | --- |
| Lead auditor name: | Hourly Rate (excluding GST): |
| <Type details> | $<Type details> |
| <Type details> | $<Type details> |
| <Type details> | $<Type details> |

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

* Peer review must be conducted on all ESS audit documentation.

|  |  |
| --- | --- |
| Describe your peer review and/or quality assurance procedures: | <Type details> |
| Who is responsible for performing the peer review and quality assurance?: | <Type details> |
| Describe your audit report sign-off protocol: | <Type details> |

Attachments

* Attach your peer review process.

|  |  |
| --- | --- |
| Peer review process, if applicable: | <Type document name (and location if it is in a larger document) or NA> |

1. What are your audit training procedures?

* Key personnel must be suitably trained.

|  |  |
| --- | --- |
| Describe your internal audit training procedures: | <Type details> |
| Describe how you qualify or assess new auditors and what competencies are required: | <Type details> |
| Describe what, if any, continuing or recurrent training is required: | <Type details> |

1. What is your internal audit management process?

|  |  |
| --- | --- |
| Describe your organisational policies and/or processes used in the conduct of audits: | <Type details> |
| Describe your management systems and how they operate: | <Type details> |
| Describe the relevant policies and procedures you have in place to ensure fundamental principles of integrity, objectivity, professional competence, due care, and confidentiality are followed during audit engagements: | <Type details> |

Attachments

* Attach relevant policy and/or procedures.

|  |  |
| --- | --- |
| Relevant management policies: | <Type document name (and location if it is in a larger document) or NA> |
| Relevant management procedures: | <Type document name (and location if it is in a larger document) or NA> |

1. What is your conflict of interest policy?

* Panel Members are subject to strict conflict of interest requirements. A conflict of interest is any financial, business or other interest that might affect objectivity or impartiality

|  |  |
| --- | --- |
| Describe your policies and procedures which relate to conflict of interest and how they comply with ESS requirements: | <Type details> |

Attachments

* Attach your conflict of interest policy and/or procedures.

|  |  |
| --- | --- |
| Conflict of interest policy: | <Type document name (and location if it is in a larger document) or NA> |
| Conflict of interest procedures: | <Type document name (and location if it is in a larger document) or NA> |

1. How will you identify and manage actual or potential conflicts of interest?

|  |  |
| --- | --- |
| Describe your process to identify and manage ongoing or potential conflict of interest issues: | <Type details> |
| Provide details of any real or perceived conflict of interest that might relate to ESS audits: | <Type details> |

Attachments

* Attach your internal quality management system policy and/or procedures.

|  |  |
| --- | --- |
| Quality management policy: | <Type document name (and location if it is in a larger document) or NA> |
| Quality management procedures: | <Type document name (and location if it is in a larger document) or NA> |

Record keeping

1. What record keeping system do you use?

* Panel Members must have adequate record keeping systems in place to support their ESS audit services.
* All supporting records for ESS audits are required to be retained for at least six years after certificate creation.

|  |  |
| --- | --- |
| Describe your information systems, databases, and/or spreadsheets used to collate, manage and store records: | <Type details> |
| Describe how you will identify records, including how they will be created, approved and updated: | <Type details> |
| Describe how your record keeping procedures ensure that records will be kept for at least six years: | <Type details> |
| Describe how will you ensure that the records you collect and retain are complete, accurate and reliable? | <Type details> |
| Who will be responsible for the quality assurance of ESS audit records? | <Type details> |

Attachments

* Attach your documented record keeping and quality assurance procedures.
* Your record keeping procedures must detail the step-by-step process of how records will be obtained, processed, maintained and controlled, and identify the position(s) of the person(s) responsible for each of these steps.
* Your quality assurance procedures must ensure that the records will be complete, accurate and reliable. You must also show the processes and responsibilities for your audit procedures.

|  |  |
| --- | --- |
| Record keeping and quality assurance procedures: | <Type document name(s) (and location if it is in a larger document)> |

Fit and proper test

* Provide a response to all suitability test questions below. These questions relate to both the organisation (entity) that is applying for accreditation and all of its Officeholders (Directors and Company Secretary).
* When we consider your application, we must be satisfied that you are a ‘fit and proper person’ to be appointed to the Panel.

1. Character and reputation

|  |  |  |
| --- | --- | --- |
| Is the organisation or any of its Officeholders involved as a participant in the ESS or any scheme similar to the ESS? | | Choose an item. |
| Has the organisation or any of its Officeholders previously participated in the ESS or any scheme similar to the ESS? | | Choose an item. |
| If Yes, provide details: |  | |

1. Suspension, cancellation and refusal from similar schemes

|  |  |  |
| --- | --- | --- |
| Has the organisation or any of its Officeholders ever had its participation in the ESS or a similar scheme suspended or cancelled, or proposed to be cancelled or suspended? | | Choose an item. |
| Has the organisation or any of its Officeholders ever had an application for participation in the ESS or a similar scheme refused? | | Choose an item. |
| If Yes, provide details: |  | |

1. Disqualification of officers or senior management

|  |  |  |
| --- | --- | --- |
| Have any of the organisation’s Officeholders or senior managers ever been disqualified from managing a corporation under the *Corporations Act 2001* (Commonwealth)? | | Choose an item. |
| If Yes, provide details: |  | |

1. Criminal convictions and other proceedings

|  |  |  |
| --- | --- | --- |
| In the last 10 years, has the organisation or any of its Officeholders been convicted of an offence against a law of the Commonwealth, a State, a Territory or a foreign country where the offence relates to dishonest conduct? | | Choose an item. |
| In the last 10 years, has the organisation or any of its Officeholders been the subject of any charge or other proceedings for an offence against a law of the Commonwealth, a State, a Territory or a foreign country where the offence relates to breach of duty? | | Choose an item. |
| If Yes, provide details: |  | |

1. Financial status

|  |  |  |
| --- | --- | --- |
| Has the organisation or any of its Officeholders ever been an insolvent under administration or an externally-administered body corporate (as those terms are defined in the *Corporations Act 2001* (Cth)), or are you applying to take the benefit of any law for the relief of bankrupt or insolvent debtors? | | Choose an item. |
| If Yes, provide details: |  | |

1. Civil matters

|  |  |  |
| --- | --- | --- |
| In the last 10 years, has the organisation or any of its Officeholders incurred any civil liability for breach of trust or other breach of fiduciary duty, dishonesty, negligence or recklessness? | | Choose an item. |
| If Yes, provide details: |  | |

1. Safety

|  |  |  |
| --- | --- | --- |
| Has the organisation or any of its Officeholders ever been the subject of proceedings for unsafe work practices in any State or proceedings for an offence against work health and safety legislation in any State? | | Choose an item. |
| If Yes, provide details: |  | |

Contact Details

1. Who is the primary contact in the organisation for IPART to communicate with?

* The primary contact must work within the organisation, and have authority to act on behalf of the organisation regarding this application and, if approved, the ongoing appointment as a Panel Member. All communications will be directed to the primary contact.
* If this application is approved, contact details for the primary contact will be publicly avaliable.

|  |  |
| --- | --- |
| Salutation: | <Type details> |
| Full name: | <Type details> |
| Job title: | <Type details> |
| Organisation name: | <Type details> |
| Postal address: | <Type details> |
| Contact number: | <Type details> |
| Email address: | <Type details> |

Attachments

* If the primary contact is not an officer of the company, attach a letter of authority that is signed by an Officeholder and dated less than four weeks from the date that the application is submitted.

|  |  |
| --- | --- |
| Letter of authority, signed by an Officeholder: | <Type document name (and location if it is in a larger document) or NA> |

1. Who is the secondary contact in the organisation (if needed)?

* The secondary contact must work within the organisation and have authority to liaise with IPART regarding the application and, if it is approved, the ongoing appointment to the Panel.

|  |  |
| --- | --- |
| Salutation: | <Type details> |
| Full name: | <Type details> |
| Job title: | <Type details> |
| Organisation name: | <Type details> |
| Contact number: | <Type details> |
| Email address: | <Type details> |

1. Who will sign the Panel Agreement?

* If this application is approved, you will be required to enter into a Panel Agreement with IPART.

|  |  |
| --- | --- |
| **Signatory 1** | |
| Salutation: | <Type details> |
| Name: | <Type details> |
| Job Title | <Type details> |
| **Signatory 2** | |
| Salutation: | <Type details> |
| Name: | <Type details> |
| Job Title | <Type details> |

Attachments

* If the sigantory is not an officer of the company, attach a letter of authority that is signed by an Officeholder and dated less than four weeks from the date that the application is submitted.

|  |  |
| --- | --- |
| Letter of authority, signed by an Officeholder: | <Type document name (and location if it is in a larger document) or NA> |

Application checklist

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

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

|  |  |
| --- | --- |
|  | Application Form Part A – Organisations has been completed. |
|  | Application Form Part B – Lead Auditors has been completed for each lead auditor |
|  | The attachments are complete and relevant to the application. |
|  | Quality assurance of the application forms and attachments has been completed. |
|  | Where relevant, letters of authority have been obtained and attached. |
|  | Declaration has been signed by an authorised signatory. |

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

|  |  |
| --- | --- |
|  | Current Company Extract (Question 1) |
|  | Evidence of registered business name, if applicable (Question 1) |
|  | Letter of authority for the primary contact, if applicable (Question 2) |
|  | Letter of authority for the Panel Agreement signatory, if applicable (Question 2) |
|  | Business organisation chart (Question 2) |
|  | Public liability insurance policy and/or certificate(s) (Question 3) |
|  | Professional indemnity insurance policy and/or certificate(s) (Question 3) |
|  | Workers compensation insurance policy and/or certificate(s), if relevant (Question 3) |
|  | Relevant audit standards or certifications accredited to, if applicable (Question 4) |
|  | CVs of key personnel (Question 8) |
|  | Application form part B for each lead auditor (Question 9) |
|  | Peer review process and quality assurance, if applicable (Question 10) |
|  | Audit training procedures (Question 11) |
|  | Internal audit management process (Question 12) |
|  | Conflict of interest policy and procedures (Question 13 and 14) |
|  | Record keeping policy and procedures (Question 15) |

Declaration

1. Sign the declaration for this application

* Section 158 of the Electricity Supply Act 1995 imposes a maximum penalty of $11,000 and/or six (6) months imprisonment for knowingly providing false or misleading information to the Scheme Administrator.
* This application must be signed by a person legally authorised to sign it ie, an Officeholder listed in the ASIC Company Extract provided, 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 *Application Form Part A – Organisation*.
* I have read and understood the information and requirements set out in *Application Form Part A*, the *Audit Services Panel Application Guide,* the *Audit Guideline* and the *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 placed on Panel Members and their Officeholders.
* I 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, regulation and legislative rule, the performance of IPART’s statutory functions and for related purposes, subject to requirements of relevant laws.
* I confirm that IPART may contact the administrator of any government scheme or program to obtain information on our performance in that scheme or program, and I understand that information will form part of the ESS application assessment.
* 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 ESS 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 am aware that there are penalties for providing false or misleading information to IPART as Scheme Administrator of the Energy Savings Scheme in this application and when operating under the accreditation.

Signed by or on behalf of the applicant:

|  |  |
| --- | --- |
| Signature of authorised signatory: |  |
| Full name of signatory: | <Type details> |
| Position/Title of signatory: | <Type details> |
| Date signed: |  |

In the presence of:

|  |  |
| --- | --- |
| Signature of witness: |  |
| Full name of witness: | <Type details> |
| Date witnessed: |  |
| Relationship to signatory: | <Type details> |
| Contact number of witness: | <Type details> |

Place of signature:

* Insert the address of the location where this document was signed and witnessed.

|  |  |
| --- | --- |
| Place of signature: | <Type details> |

1. Has this form been signed by an Officeholder (Director or Company Secretary) of the applicant?

* This application must be signed by a person legally authorised to sign it ie, an Officeholder listed in the Current Company Extract provided, 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.
* Tick the appropriate box and respond accordingly.

|  |  |  |
| --- | --- | --- |
|  | Yes | 🡪 No further action. |
|  | No | 🡫 Provide a letter of authority. |

Attachments

* Attach a letter of authority that is signed by an Officeholder and dated less than four weeks from the date that the application is submitted.
* The letter must provide authority for the delegate to sign the application and provide authority for the primary contact to act on behalf of the organisation with respect to the application and if approved, the ongoing accreditation.

|  |  |
| --- | --- |
| Letter of authority signed by an Officeholder authorising a delegate to sign this application form and liaise with IPART: | <Type document name (and location if it is in a larger document)> |