



Transition to Professional Membership

via Assessment of Current Competence

IIA-Australia Membership will support internal auditors to be the best they can be and will help advance the status of our important profession.

PERSONAL/BUSINESS INFORMATION

Mr Mrs Ms Miss Other: First name/s: Family name:

Preferred first name: Preferred name for certificate:

Residential address or PO Box number:

Suburb: State: Postcode: Date of birth (DD/MM/YYYY):

Home telephone: Mobile: Number of years in internal audit:

Employer: Position/title:

Business address:

Suburb: State: Postcode:

Business mailing address (if different from above):

Suburb: State: Postcode:

Business Telephone: () Facsimile: ()

Primary Email: Secondary Email:

Years Internal Audit experience: IIA-Australia Membership number:

Current IIA-Australia membership category: Years of IIA membership:

ATTACH CV

When you send this application, attach an up-to-date CV, which includes:

- > Career history.
- > Education, qualifications, certifications and memberships.
- > Achievements.

REFEREES

The IIA–Australia assessor may contact one or both professional referees to discuss your application. Professional referees will need to know about your skills and experience of internal auditing.

Referee 1

Name: Position:

Company:

Address:

Telephone: () Relationship to applicant:

Referee 2

Name: Position:

Company:

Address:

Telephone: () Relationship to applicant:

PROVIDE PORTFOLIO DOCUMENTS

- › The portfolio needs to comprise documents you have personally prepared.
- › If documents cannot be provided because of commercial-in-confidence or security restrictions, the IIA-Australia can discuss other arrangements, such as (a) Redacting organisation name and identifying information (b) a meeting with an IIA-Australia assessor, so documents can be reviewed, but not retained.
- › If necessary, a non-disclosure agreement can be signed by the IIA–Australia assessor.

The required documents are:

		Document title and date
Satisfactory External Quality Assessment Report within past 5 years: <i>Requires a supporting letter from the service provider who performed the External Quality Assessment.</i>	At the time, you were Chief Audit Executive or principal person responsible for quality within your internal audit activity, and the External Quality Assessment Yes No	
If a satisfactory external quality assessment report is provided from within the past 5 years, together with a supporting letter from the service provider that performed it, the documents listed below do not need be provided to the IIA-Australia.		
Internal Audit Manual	Document you wrote Yes No	
Internal Audit Plan	Document you wrote Yes No	
Engagement Terms of Reference:	Document you wrote Yes No	
Detailed Engagement Work Plan or Risk and Control Matrix (RACM):	Document you wrote Yes No	
Engagement Final Report:	Document you wrote Yes No	

DEMONSTRATE INTERNATIONAL PROFESSIONAL PRACTICES FRAMEWORK (IPPF) CONFORMANCE

- › Demonstrate how you and your Internal Audit function apply the IPPF to your internal audit work.
- › If a service provider, demonstrate how you apply the IPPF to your internal audit work.
- › Include the name of the document in the space provided:

DESCRIBE COMPLEMENTARY EXPERIENCE

Where you may have complementary experience, you are welcome to include this as an attached document. This may include experience on the other side of auditing for example as a chief financial officer, other types of relevant experience such as ISO auditing, ([for the difference between internal audit and audit of ISO management systems please refer to the factsheet](#)) or risk management and compliance experience. Please include the document name in the space provided:

IIA–AUSTRALIA ASSESSMENT

- › Based on information from the above steps, the IIA-Australia will assess your application, and advise if Professional Membership (PMIA) will be conferred.
- › The IIA-Australia will also assess whether Fellow status can be conferred – a Fellow has been a professional or associate member of the IIA-Australia continuously for at least 10 years.
- › The IIA-Australia may invite you for a face-to-face discussion to finalise your assessment.
- › A one-off \$250 processing fee is payable to the IIA-Australia by the applicant.

RETURNING FORM

Please return form and payment to:
 Institute of Internal Auditors - Australia
 PO Box A2311, Sydney South NSW 1235 Australia
 E: membership@iia.org.au

APPLICATION INFORMATION

If you answer YES to any of the questions below, please attach details.

- | | | |
|---|-----|----|
| A. Have you ever been convicted of a criminal offence or is there a charge pending? | Yes | No |
| B. Have you ever been refused membership, or had membership forfeited, of a statutory, professional or other body? | Yes | No |
| C. Have you ever been subject to disciplinary proceedings by a statutory, professional or academic institution or other body? | Yes | No |
| D. Are you presently under any order of the court, are you a bankrupt, have you made any assignment for the benefit of your creditors or have you executed an authority under Part X of the <i>Bankruptcy Act 1966</i> within the last three (3) years? | Yes | No |
| E. Are you subject to a notice not to manage a corporation as provided in section 206, Part 2D.6 or the <i>Corporations Act 2001</i> ? | Yes | No |

Please indicate your acceptance of these terms by crossing the box beside each statement.

I have read and agree to be bound by the provisions of IIA-Australia's Constitution and By-laws prescribing ruling on the standards of practice and professional conduct, including the International Professional Practices Framework, as required by the IIA-Australia to be observed I accept

I have read and will abide by the Code of Ethics adopted by the IIA-Australia to govern its members I accept

I agree to produce such further evidence and information in relation to this application as may be required by the IIA-Australia to attest that the information is true and correct I accept

I have read the Privacy Statement and I consent to my personal information being collected, used and disclosed for the purposes stated I accept

I will undertake, and keep a record of my Continuing Professional Education obligations (currently 80 hours over two years for Professional Member) and (60 hours over two years for Associate Member) I accept

The information provided in this application (including any attachments) is true and correct and I make it in the knowledge that a person making a false declaration is liable to the penalties of perjury I accept

In consideration of the Institute of Internal Auditors–Australia's evaluation of my suitability for professional or associate membership, I understand and agree that confirmation of my responses will be sought. These checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s). I hereby authorise the IIA-Australia and its authorised nominees to collect, use, disclose and store personal information about me from third parties, for the purpose of verifying my experience and qualifications.

Additionally, I allow third parties holding personal information about me to release such information to the IIA-Australia and its authorised nominees.

Signature: _____

Date: _____

Information on the above terms can be found at www.iaa.org.au

HOW TO PAY

Amount payable AUD\$250

Cheque

Mail this form with your cheque payable to: Institute of Internal Auditors – Australia, PO Box A2311, SYDNEY SOUTH NSW 1235

Online Transfer

Bank: Westpac Banking Corporation

Address: 84 King Street, Sydney NSW 2000

Swift Code: WPACAU2S **BSB:** 032003 **Account Number:** 478233

Account Name: The Institute of Internal Auditors – Australia

Please ensure your NAME is included in the description field and submit your form.

Credit Card

Telephone **1800 236 366** or complete the details below and submit your form.

Credit card payments attract a service fee of 1.23% for VISA and Mastercard or 1.05% for American Express and 3% for Diners Club.

AMEX Diners Mastercard Visa

Credit card no. _____

Expiry date: _____

Signature: _____

Name of card holder: _____