

Fellow Application Form

Australian Residents Only

I _____
of _____

wish to apply for the award of the designation 'Fellow'.

I state that I have been a member for 10 years or more. Membership number: _____

Attached are two recent references - one relating to my work and one relating to my character.

I have completed the attached Declaration and accept the terms listed.

Signature: _____ Date: _____

FOR NATIONAL OFFICE USE ONLY:

Current financial member	
Date joined	
References checked by	Name
	Date
Award approved on behalf of the Board	Date
	Signed: (Company Secretary / CEO)
Letter and certificate sent	Date
Database updated	Date
Executive Officer sign off	Signed:
	Date

DECLARATION

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 *Bankruptcy Act 1966* 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 *Corporations Act 2001*? Yes No
- F. GradCertIA only: Have you completed 24 months relevant experience? 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

RETURNING FORM

Please return form to:
Institute of Internal Auditors - Australia
PO Box A2311
Sydney South
NSW 1235
Australia

E: membership@iaa.org.au