**EXPRESSION OF INTEREST -**

**INDEPENDENT MEMBER OF THE RISK & AUDIT COMMITTEE**

Respondents are required to submit information which will allow Bayside Council to assess their ability to carry out the responsibilities as an independent member of Council’s Risk & Audit Committee. The questionnaire has been prepared to assist respondents in supplying this information.

I wish to be considered for appointment as an independent member of Bayside Council’s Risk & Audit Committee.

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| **Title:** |  | |
| **Surname:** |  | |
| **Given Name(s)** |  | |
| **Address: (Home)** |  | |
| **Employer or Business Name** |  | |
| **Employer or Business Address** |  | |
| **Contact no:** |  | |
| **Email:** |  | |
| **Current Occupation** |  | |
| **Code of Conduct**  Independent Members of the Committee are subject Bayside Council’s Code of Conduct, as are Council officials. In particular the Code requires members to declare real or perceived conflicts of interest (whether pecuniary or non-pecuniary) as soon as they are known. Such potential conflicts include business dealings with Council and/or relationships with Council officials by yourself, a close relative, a business partner or employer. Further details are included in the [Code of Conduct](https://www.bayside.nsw.gov.au/your-council/policies-and-delegations/policy-register) accessible from Council’s website.  **NB:** Any persons (or persons associated with a company or organisation) contracting services to Bayside Council or have any other conflicts of interest may be precluded from being an Independent member of Council’s Risk & Audit Committee. | | |
| 1. Are you a resident, business owner, and/or provide services to and/or in the Bayside Council Local Government Area? If YES, please provide details. | | Yes / No |
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| 1. Please briefly describe any financial expertise you have relevant to the role of Independent Risk & Audit Committee member. (attach if required) | | |
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| 1. Please briefly describe any legal expertise you have relevant to the role of Independent Risk & Audit Committee member. (attach if required) | | |
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| 1. Please briefly describe any risk management and internal audit expertise you have relevant to the role of Independent Risk & Audit Committee member. (attach if required) | | |
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| 1. Please briefly describe any experience you have had in governance and ethics within the local government framework that is relevant to the role of Independent Risk & Audit Committee member. (attach if required) | | |
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| 1. Please briefly describe any business expertise you have relevant to the role of Independent Risk & Audit Committee member. (attach if required) | | |
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| 1. Please provide any experience you have had in local, state or federal government that is relevant to the role of Independent Risk & Audit Committee member. (attach if required) | | |
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| 1. Please list memberships of other Committees, Boards, Councils, and Community Groups etc. including any other Risk & Audit Committee(s). | | |
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| 1. Please provide reasons why you wish to become an Independent member of Council’s Risk & Audit Committee. (attach if required) | | |
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| 1. Please provide contact details of two references in support of your Expression of Interest. | | |
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| 1. Please provide any other information that you feel may be relevant to Council’s consideration of your Expression of Interest. (attach if required) | | |
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| 1. To ensure that as an independent member of the Risk & Audit Committee is free of any relationships that could be perceived to result in bias or a conflict of interest or interfere with their ability to act independently, you CANNOT:  * Be a councillor of any council in NSW, a non-voting representative of the   board of a joint organisation, a candidate at the last election of a council or a person who has held office in a council during its previous term.   * + Be employed (currently or during the 12 months) by any council or joint organisation in NSW.   + Have a close personal or business relationship with a councillor or a person who has a senior role in the council.   + Be a current service provider to the NSW Audit Office, or have been a service provider during the last three years that conduct audits of the council on behalf of the Audit Office of NSW   + Currently, or within the last three years, provided any material goods or services (including consultancy, legal, internal audit and advisory services) to the council which directly affect subjects or issues considered by the Audit, Risk and Improvement Committee.   + Be (or have a close family member who is) a substantial shareholder, owner, officer or employee of a company that has a material business, contractual relationship, direct financial interest or material indirect financial interest with the council or a related entity, or have an immediate or close family member who is, which could be perceived to interfere with the individual’s ability to act in the best interests of the council.   + Currently or previously acted as an advocate of a material interest on behalf of the council or a related entity, which could be considered a real or perceived conflict of interest.   Do any of the above relate to you? Yes/No  If Yes, please provide any further information that you feel may be relevant to demonstrate your ability to act with independence (including perceived independence) as a member of the Risk & Audit Committee notwithstanding the above. | | |
| Please note that Councils are required to undertake a criminal record and financial status (bankruptcy) check of an independent Risk & Audit Committee member before their appointment. | | |

**Declaration**

As a potential independent member of Bayside Council’s Risk & Audit Committee, I declare that:

1. I attest that the information provided in this application (including any attachments)

is true and correct.

1. I have read and understood Bayside Council’s Code of Conduct.
2. I have no known real or perceived conflicts of interest that would prevent me from fulfilling my duties as a member of the Committee.

Name

Signature

Date

**Privacy Notification**

The personal information requested on this form is being collected by Bayside Council for the purpose of evaluating the respondent’s ability to carry out the responsibilities of an independent Risk & Audit Committee member. The personal information will be used solely by Council for that primary purpose or directly related purposes. The applicant understands that the personal information provided is for the primary purpose and that they may apply to Council for access and/or amendment of the information.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_