

EOI APPLICATION FORM**Appointment as Independent Member of Audit Risk and
Improvement Committee**

- Application for Chair
- Application for Independent Committee Member

1. Applicant details.

Name: _____

Address: _____

Contact number: _____

Email address: _____

2. Applicant profile.

(Including an applicant's current employment and positions in any organisations)

3. Please provide three referees incl. name, organisation, position and phone number.

Note: referees may be approached for information when assessing the application.

1. _____

2. _____

3. _____

4. Declaration.

By signing below, I certify the details in my application are accurate at the time of signing.

Name of person making declaration: _____

Signature: _____

Date: _____