Audit Committee
Expressions of Interest

Name:_____

Address:_____

Phone:_____Mobile: _____

Email:_____

Please complete the following:

- ☐ I have qualifications in Business / Commerce
- ☐ I have qualifications in Law / Risk Management
- ☐ I am an Accountant in Public Practice / Auditing
- ☐ I am actively involved in community, environmental or civic activities in the Borough

Please outline your motivation and interest in participating in the Borough of Queenscliff Audit Committee

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Expressions of Interest Close: Monday 21 October 2011.
Please return completed form to: ***Borough of Queenscliffe,***
PO Box 93, Queenscliff 3225, Attention Senior Accountant

Audit Committee
Expressions of Interest

Please summarize your qualifications, professional development and experience that is relevant to the responsibilities of the Borough of Queenscliffe Audit Committee (please attach summary resume if applicable)

Qualifications:

_____

_____

_____

Professional Development/Training:

_____

_____

_____

_____

Professional Experience:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____ Date: _____

Expressions of Interest Close: Monday 21 October 2011.
Please return completed form to: ***Borough of Queenscliffe,***
PO Box 93, Queenscliff 3225, Attention Senior Accountant