



## AUDITOR DECLARATION

**1. Conflict of interest declaration:**

I confirm that I know of no conflicts of interest as set out in AUQA Policy Number 006 (available in the AUQA Audit Manual and on the AUQA website) in my being a member of a panel for the quality audit of:

.....  
(insert name of institution you are auditing)

**2. Confidentiality agreement:**

I confirm that I will maintain the requirements of confidentiality in respect of this audit as set out in AUQA's policy on privacy of information (Policy Number 020) available in the AUQA Audit Manual and on the AUQA website.

**3. Consent regarding personal information:**

I agree to my brief biographical information and photograph continuing on the AUQA public website (<http://www.auqa.edu.au>). I understand that this information may remain on the website for as long as I am a registered auditor with AUQA. I also understand that it is my responsibility to advise AUQA of amendments to this information as the need arises.

**4. Future consultancy:**

For a period of one year from the publication of the audit report, I agree not to carry out any work for the auditee on matters that are related to topics within the scope of the audit.

**5. Honorarium payment (following publication of the audit report) (tick one only):**

Please make the honorarium payment to me directly (tax will be deducted unless a [Statement by a Supplier](#) form is completed and returned to AUQA).

My nominated bank account details are as follows:

<b>BSB:</b> .....	<b>Account No.:</b> .....
<b>Account Name:</b> .....	
<i>If this is an overseas bank account, please provide: SWIFT Code:</i> .....	
<b>Bank Address:</b> .....	

**OR**

Company/Institution invoice will be provided to AUQA.

AUQA's Accounts Payable division will contact you after publication of the audit report.

For payment related queries, email K.Wong: [k.wong@auqa.edu.au](mailto:k.wong@auqa.edu.au).

**Declaration:**

The above five statements are true and accurate.

Signature:	Print name:

Date: date/month/year

**Contact details:**

Street address:	
Email address:	Phone:

**Once completed, fax to AUQA: +61 3 9639 7377 or email:** insert audit directors name and email address here.