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| P:\2085 - Associations Working Documents\2017 - Letter updating for Department renaming\New Logo & Style Guide\GovLogo_DMIRS_Consumer Protection_Hi res_BW.jpg | | | | | | | | | | |  | |
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| Application for special approval of auditor | | | | | | | | | | | | |
| *Charitable Collections Act 1946 s15(2)* | | | | | | | | | | | | |
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| **Purpose**  This form should be used to obtain special approval to appoint an auditor that does not meet the qualification provisions prescribed in Section 15(2) of the Charitable Collections *Act 1946* (the Act).  Section 15(2) provides that the audit must be undertaken by a person approved by the Department. For more information on qualification provisions please visit our website [www.dmirs.wa.gov.au/charities](http://www.dmirs.wa.gov.au/charities).  Special approval can be considered where an applicant has gross annual revenue of less than $50,000 and uses a cash accounting system.  Individuals can be approved to undertake the audit if they:   * hold a degree or post graduate qualification which is recognised by one of the professional accounting bodies; or * have been employed for at least five years in the fields of accounting or bookkeeping, or in the banking or finance industries; and * are not otherwise involved in the management of the charity or related to any member of the organisation.   **Instructions**   * Type directly into this form electronically before printing and signing it or hand print neatly using an ink pen in block letters. * Tick 🗹 where appropriate and attach additional pages if space in this form is insufficient. * Ensure that the application is signed by an appropriate person * Keep a copy of the application (including attachments) for your own records. | | | | | | | | | | | | |
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| **PARTICULARS OF PROPOSED AUDITOR** | | | | | | | | | | | | |
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| 1. Provide the name and particulars of the proposed auditor | | | | | | | | | | | | |
| Title | | | Mr  Mrs  Ms  Miss  Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Name | | |  | | Surname | | | |  | | | |
| Firm Name | | |  | | | | | | | | | |
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| Street or PO | | |  | | | | | | | | | |
| Suburb | | |  | | State | |  | | Postcode | | |  |
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| Telephone | | |  | | Mobile | | | |  | | | |
| Email | | |  | | | | | | | | | |
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| 1. What is the name of the organisation that the auditor is seeking approval to be appointed to?   *The organisation’s name as shown on the certificate of incorporation.* | | | | | | | | | | | | |
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| 1. Please provide details of any qualifications or experience relevant to the appointment as the organisations auditor. | | | | | | | | | | | | |
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| *If there is insufficient space, please attach an annexure labelled “Qualifications and Experience”* | | | | | | | | | | | | |
|  |  | I hereby declare that to the best of my knowledge I am independent of the management of the charity and am not related to any member of the organisation. | | | | | | | | | | |
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| **AUTHORISED PERSONS PARTICULARS & DECLARATION** | | | | | | | | | | | | |
| Provide the name and particulars of the person making this application: | | | | | | | | | | | | |
| *I hereby declare that:*   * *I am duly authorised by my organisation to lodge this application;* * *the proposed auditor is independent of the management of the charity and is not related to any member of the organisation; and* * *the information contained within this application, including any attachments is to the best of my knowledge true and correct.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signed | | |  | | | Date | | | |  | | |
|  | | | | | | | | | | | | |
| Name | | |  | | | Position held within organisation | | | |  | | |
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| Telephone | | |  | | | Mobile | | | |  | | |
| Email | | |  | | | | | | | | | |
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| **LODGING THE APPLICATION FORM** | | | | | | | | | | | | |
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| By email (preferred):  **charities@dmirs.wa.gov.au** | | | | By post:  Department of Mines, Industry Regulation and Safety  Consumer Protection Division  Associations and Charities Branch  Locked Bag 100  EAST PERTH WA 6892 | | | | In person**:** (8.30 am to 4.30 pm weekdays)  Department of Mines, Industry Regulation and Safety  Consumer Protection Division  Level 2, Gordon Stephenson House  140 William Street  PERTH WA | | | | |
| For assistance call our information line on (08) 6552 9364 or 1300 304 074 | | | | | | | | | | | | |