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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
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| Title | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  | Surname |  |
| Firm Name |  |
|  |
| Street or PO |  |
| Suburb |  | State |  | Postcode |  |
|  |
| Telephone |  | Mobile |  |
| Email |  |
|  |  |
| 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. |
|  |
| **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.*
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|  |
| Signed |  | Date |  |
|  |
| Name |  | Position held within organisation |  |
|  |
| Telephone |  | Mobile |  |
| Email |  |
|  |
| **LODGING THE APPLICATION FORM** |
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| By email (preferred):**charities@dmirs.wa.gov.au** | By post:Department of Mines, Industry Regulation and SafetyConsumer Protection DivisionAssociations and Charities BranchLocked Bag 100EAST PERTH WA 6892 | In person**:** (8.30 am to 4.30 pm weekdays)Department of Mines, Industry Regulation and SafetyConsumer Protection DivisionLevel 2, Gordon Stephenson House140 William StreetPERTH WA |
| For assistance call our information line on (08) 6552 9364 or 1300 304 074 |