

**APPLICATION AND/OR NOMINATION FORM**

**MONITORING COMMITTEE (MCOM)**

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| --- | --- |
| **Nomination position** | Monitoring Committee |
| **Candidate information** |  |
| Full names |  |
| Surname |  |
| Gender\* |  |
| Race\* |  |
| Address 1 |  |
| Address 2 |  |
| Town / City |  |
| Telephone Landline |  |
| Telephone Mobile number |  |
| Fax |  |
| E-mail |  |
| Alternate E-Mail |  |
| Nationality |  |
| Language |  |
| Country of residence |  |
| Professional designation/s |  |
| Professional affiliations (Including details of professional body membership and membership of professional body committees) |  |
| Prior or current PAAB/IRBA involvement   * Committees * Terms served   (The PAAB is the IRBA’s predecessor body) |  |
| Prior or current SAICA involvement |  |
| Present occupation and employer |  |
| Educational background |  |
| Professional experience |  |
| Appointments/activities/experience in education, training and the professional development of professional accountants and auditors, and/or accreditation and monitoring of professional bodies/organisations |  |
| Explain why you wish to be a member of the IRBA MCOM. |  |
| Explain how your skills, knowledge and experience are relevant to this position. | . |
| Has there been, or are there any disciplinary actions against you by accounting or other professional bodies, regulators or others? If yes, please describe. |  |
| Will you be able to meet the time commitments for the IRBA MCOM?  (minimum of 2 meetings per annum and preparation for these meetings) |  |

\* This information is required to ensure gender and demographic representivity on the IRBA

Please submit your completed Nomination Form with your CV and motivation to:

[nkater@irba.co.za](mailto:nkater@irba.co.za)

By no later than the date noted on the advert.

**THANK YOU FOR YOUR SUBMISSION**