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**APPLICATION AND/OR NOMINATION FORM**

**AUDIT DEVELOPMENT COMMITTEE (ADCOM)**

|  |  |
| --- | --- |
| **NOMINATION POSITION** | ADCOM MEMBER |
| **Candidate information** |  |
| Full names |  |
| Surname |  |
| Gender\* |  |
| Race\* |  |
| Address 1 |  |
| Address 2 |  |
| Town / City |  |
| Telephone Mobile number |  |
| Telephone Landline (or alternate number) |  |
| 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) |  |
| ACCA membership number  SAICA membership number  (where applicable) |  |
| Prior or current PAAB/IRBA involvement   * Committees * Terms served   (The PAAB is the IRBA’s predecessor body) |  |
| Prior or current involvement with the ACCA (to assess experience and conflicts of interest) |  |
| Prior or current involvement with SAICA (to assess experience and conflicts of interest) |  |
| Present occupation and employer |  |
| Educational background  (Kindly also indicate highest qualification and submit the certificate with the application) |  |
| 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 ADCOM. |  |
| Explain how your skills, knowledge and experience are relevant to this position. |  |
| Has there been, or are there any disciplinary actions (or ongoing investigations) against you by accounting or other professional bodies, regulators, employers or others? If yes, please describe. |  |
| Will you be able to meet the time commitments for the IRBA ADCOM?  (About 4 meetings per annum and extensive preparation and report reviews for these meetings)  As well as Adhoc telecons (one hour each) to sign of Portfolios of evidence (4 times per annum. |  |

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

Please submit your completed Nomination Form, your CV, certificate of highest qualification and motivation to:

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

By no later than the date noted on the advert.

**THANK YOU FOR YOUR SUBMISSION**