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**APPLICATION AND/OR NOMINATION FORM**

**MONITORING COMMITTEE (MCOM)**

|  |  |
| --- | --- |
| **NOMINATION POSITION** | MCOM 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 |  |
| Prior or current PAAB/IRBA involvement* Committees
* Terms served

(The PAAB is the IRBA’s predecessor body) |  |
| Prior or current involvement with SAICA and/or ACCA (to assess experience and conflicts of interest) |  |
| Current role at the AGSA |  |
| Educational background (Kindly also indicate highest qualification and submit the certificate with the application) |  |
| Professional experienceExperience at the AGSA (Years and roles, highlighting strategic roles) |   |
| Appointments/activities/experience in: Education, training and the professional development of professional accountants and auditors, AND/ORAccreditation 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 (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 MCOM?(About 4 meetings per annum and extensive preparation and report reviews for these meetings) |  |

\* 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 and cc dntshabele@irba.co.za

By no later than the date noted on the advert.

**THANK YOU FOR YOUR SUBMISSION**