

Application for NSW Health approval to review and audit

Drinking water management systems



Water utilities need to engage a NSW Health approved reviewer to complete external audits of drinking water management systems. Reviewers seeking NSW Health approval should complete the following form. Further information about the criteria for approval to conduct audits is provided in the *NSW Guideline for Review and Audit of Drinking Water Management Systems*.

1. APPLICANT DETAILS

Family name: _____ Given name: _____

Business name: _____ Business address: _____

Postal address (if different from business address): _____

Company address (head office). This may be the company's registered address: _____

Phone (business hours): _____ Mobile: _____

Fax: _____ ABN or ACN: _____

Email: _____

2. QUALIFICATIONS, PROFESSIONAL CERTIFICATIONS, REGISTRATIONS AND LICENCES

- | | | |
|-----|----|--|
| Yes | No | Exemplar Global Water Quality Management System certification? |
| Yes | No | Independent Pricing and Regulatory Tribunal Audit Panel member? |
| Yes | No | If no formal auditor qualification-other appropriate background and experience including: <ul style="list-style-type: none"> • Relevant qualifications and experience in the water industry • Understanding of the Framework for the Management of Drinking Water Quality • Understanding of the NSW Guidelines for Drinking Water Management Systems |

Please provide detail and evidence of qualifications (attach copies of original certificates, memberships and qualifications).

Institution and year attained: _____

Institution and year attained: _____

Institution and year attained: _____

Institution and year attained: _____

Institution and year attained: _____

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If no formal auditor qualification, provide a statement and supporting documentation of appropriate background and experience, which includes a curriculum vitae with a brief summary of relevant work experience and the time periods involved, in conducting audits, developing and/or implementing drinking water management systems.

3. PERSONAL HISTORY

Yes No Have you previously been denied approval to undertake an auditing role, or have you had an auditing approval revoked in the past? If yes, please provide further details.

4. DECLARATION

I, (clearly print full name): _____

being the applicant, hereby apply for approval to audit drinking water management systems. I confirm that I will conduct audits in accordance with the NSW Guideline for Review and Audit of Drinking Water Management Systems and that:

- The application form and all documentation submitted in support of the application is to the best of my knowledge true, accurate and complete.
- I consent to my name and contact details being published on NSW Health's website.

Signature: _____

Date: _____

Please check your application to ensure that all sections have been completed and all supporting information is provided or attached. Incomplete applications will be declined.

**Please complete online here: <https://forms.office.com/r/dfdR7a5fqC>
Or submit to hssg-waterqual@health.nsw.gov.au**