

Risk management plan auditor conflict of interest declaration form

Information collected in this form is collected under the authority of Section 13 of the *Safe Drinking Water Act 2003*. The information will be used to evaluate prospective auditor applications.

Applicants should ensure that all information provided is accurate. The Department of Health and Human Services will treat all information in accordance with privacy legislation.

Auditor information

Name:

Address:

City:

Postcode:

Email address:

Telephone:

Water agency to be audited:

Declaration

I [*name*]

of [*address*]

declare that [*check all that apply*]:

I do not have any personal bias which would in any way affect my decisions in relation to the proposed water agency being audited

I did not write or assist in preparing the water agency risk management plan in relation to the supply of water

I have not been employed by this water agency in the previous two years

no person assisting me in the proposed audit has an actual or potential conflict of interest.

Date:

Form submission

Please save this completed form and email to:

dwru@dhhs.vic.gov.au