


PROCEDURE		
Ref. to Legislative Frameworks: HESF2015: Standard 6 SRTO2015: Standard 2.1 / 2.2 / 7.1 / 8.4 / 8.5 National Code 2018: Standard 11	Internal Audit	
Version: 2.0	Procedure Owner: Chief Executive Officer	Issued on: 06/04/2018 Review by: 06/04/2020

Revision History

Current Version	Description of Change	Procedure Writer(s)	Effective Date
2.0	New	Compliance Manager	06/04/2018

PURPOSE

This policy underpins the internal audit planning process to maintain AAPoly's compliance with the relevant regulatory requirements.

POLICY STATEMENT

AAPoly's systems and practices are internally audited at least once a year, to maintain compliance with regulatory standards. Corrective actions and continuous improvement measures may result from the internal audit.

SCOPE

This policy applies to all systems and practices of AAPoly.

DEFINITIONS

Internal Audit	A systematic review against defined criteria, carried out by staff independent of the operations, to determine whether activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve compliance with relevant legislative requirements and the organisation's policies and procedures
Observation	Recommendations or suggestions for system improvement to confirm or enhance system requirements.
Non-Compliance (NC)	Non-fulfilment of specific requirement(s) or elements of relevant regulatory and legislative standards.
Objective Evidence	Qualitative or quantitative information or statements of fact based on observations, measurement or tests which can be verified.
Sample	A subset of a population

PROCEDURE

1. The Compliance Manager (CM) maintains an internal audit schedule which includes the requirements of all relevant regulatory requirements. CM schedules audits according to the reporting requirements of the relevant regulatory authorities.
2. Internal audits are likely to be driven by the schedule of specific regulatory requirements and external audits such as Fed Uni ESOS audit, Skills First contract, ASQA annual declaration and SMIPS/Accounting Professional Year Program. Other internal audit triggers could be a renewal of registration or accreditation.
3. When the Internal audit is scheduled,

- a. CM determines the requirements of the internal audit and plans for the involvement of relevant stakeholders.
 - b. CM informs the relevant DH of the internal audit plan.
 - c. CM plans and prepares for the inputs to the audit process which include audit requirements (arising from regulatory authorities' requirements) and documentation requirements.
4. Before the audit, the CM contacts stakeholders to ensure that relevant staff will be available and to confirm that the audit will take place as scheduled.
 5. Internal auditors hold an opening meeting (optional) and carry out audit and agree on findings. Outputs of the internal audit process include audit findings, observations and recommendations, corrective actions and improvements. Appropriate audit evidence is collected and recorded.
 6. Audit findings are verified for accuracy and acknowledged by the stakeholders.
 7. Auditors are encouraged to uncover process concerns and identify areas of improvement progressively through the audit process. Auditors hold an audit closure meeting (optional) to discuss findings and observations before the audit report.
 8. The CM reviews the audit report(s) with the CEO, DHs and other stakeholders.
 9. DH and other relevant stakeholders respond to the internal audit findings and decide on any corrective actions to be taken. If further actions are required, DHs review corrective actions and escalate the issues if required.
 10. Once corrective actions have been adequately addressed, CM closes internal audit report and report the status to the CEO.
 11. If an external audit is to take place after the internal audit, e.g. Fed Uni's ESOS audit, the CM will oversee the preparation for the external audit, ensuring that all stakeholders are ready and evidence available for the external audit.

RESPONSIBILITIES

The Compliance Manager (CM) is responsible for:

- a. Planning and determining the Internal Audit schedule and scope of the audits. The schedule and scope of internal audits will be based on regulatory requirements (e.g. Skills First, Fed Uni, SMIPA), identified deficiencies and results of previous audits.
- b. Informing the relevant departments of the dates for the Internal Audit
- c. Together with other stakeholders, conducting the Internal Audit according to the requirements of the Internal audit schedule, using all necessary tools and techniques to allow for the gathering of objective evidence against the reference being reviewed.
- d. Preparing and circulating final reports (as required) on the results of the Internal Audits for senior management.

Designated Heads (DH) or the relevant stakeholders are responsible for:

- co-operating with the Internal Auditor(s) and providing evidence of compliance as requested by the auditor(s)
- determining and implementing, within the agreed timeframes, corrective actions for any agreed non-compliances identified.

FEEDBACK

Queries or feedback about this procedure should be directed to the CEO through suggestionstotheceo@aapoly.edu.au. The CEO will respond in writing to the feedback or enquiries within two (2) weeks unless an extenuating circumstance requires an immediate response or action. Any material changes to this policy because of the feedback will be documented in the version control register and utilised as part of continuous improvement and quality assurance of AAPoly.

REFERENCES

Source	Document Title	Version/Date
External	ASQA Standards for Registered Training Organisations	2015
	Higher Education Standards Framework (Threshold Standards)	2015
	National Code of Practice for Providers of Education and Training to Overseas Students	2018