

# Internal Audit Charter

## Section 1 - Establishment

(1) This charter establishes the purpose, scope, authorities and responsibilities, organisational relationships and independence conferred by the University of Newcastle's Council on Legal and Governance Services with respect to carrying out internal audit duties.

(2) An effective internal audit service is required by Section 11 of the [Government Sector Audit Act 1983](#) and supported by Section 17(A) of the [University of Newcastle Act 1989](#).

(3) The Internal Audit function, within the context of the University's operations, comprises those resources directly associated with the provision of internal audit services, whether they be resources internal or external to the University.

(4) The role of Internal Audit, the Core Principles for the Professional Practice of Internal Auditing, the application of the Internal Audit Code of Ethics and the Internal Audit Standards, as stipulated in the International Professional Practices Framework (IPPF), are discussed regularly between the General Counsel and Chief Governance Officer (the Chief Audit Executive under the Standards), the Vice-Chancellor and the Risk Committee.

(5) Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve the University's operations. It helps the University accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

## Section 2 - Purpose

(6) The Internal Audit Function assists the Council and Committees in the effective execution of its responsibilities by providing independent analysis, advice and recommendations concerning the operations and processes of the University. As such, Internal Audit programs should be developed to provide in-depth and quality analysis to identify improvements to meet strategic objectives.

(7) Internal Audit assists the University in achieving its objectives by adding value and identifying areas for improvement with the aim being to promote efficiency, economy and effectiveness of management processes as well as reliability and accuracy of operations.

## Section 3 - Internal Audit Model

(8) Internal audit activity is outsourced to an external provider.

(9) The outsourced Internal Audit provider reports for administrative purposes to the General Counsel and Chief Governance Officer; however, retains unrestricted access to the Risk Committee to discuss any matters relating to the finances or operations of the University.

## Section 4 - Independence

(10) The Internal Audit function has independent status within the University to ensure its effectiveness. To achieve this, Internal Audit is:-

- a. functionally responsible to the Council via the Risk Committee;
- b. administratively responsible to the Vice-Chancellor;
- c. independent of any other organisational unit, employee or official of the University.

(11) The General Counsel and Chief Governance Officer has unrestricted access to the Chair of the Risk Committee and/or the Vice-Chancellor to raise any concerns about audit matters or other significant risks that in their opinion are not being adequately dealt with by the University.

(12) All Internal Audit activities must be free of influence from any element in the organisation, including matters related to audit selection, scope, procedures, frequency, timing, or report content.

(13) Internal Audit is independent of the activities that it audits to ensure unbiased judgements, proper conduct and impartial advice to management and the Council. Internal Audit has no direct operational responsibility or authority over any of the activities it reviews. The Internal Audit Function has no responsibility for developing or implementing procedures or systems and does not prepare records or engage in first or second line processing functions or activities, including the implementation of risk mitigates or controls.

(14) The work of Internal Audit does not in any way relieve managers of their responsibilities for the development, implementation, and maintenance of management control systems in their areas.

(15) Where the General Counsel and Chief Governance Officer is responsible for a non-audit activity, safeguards are implemented to maintain independence. Reviews of non-audit activities are managed and performed independently of the General Counsel and Chief Governance Officer and reported directly to the Risk Committee.

(16) Potential impairments to independence or objectivity relating to other management reviews must be disclosed to the key stakeholders of the engagement prior to acceptance of the engagement.

(17) To further preserve independence, staff working within Internal Audit, including the outsourced Internal Audit provider will not undertake secondary employment within the University unless approved by the Risk Committee on the recommendation of the General Counsel and Chief Governance Officer.

## Section 5 - Authority

(18) Under the authority of the Council:

- a. Internal Audit will undertake audits in accordance with plans approved by the Risk Committee on behalf of Council.
- b. Internal Audit may undertake further audits and reviews as the Council, Council Committee, Vice-Chancellor, or members of the Executive Leadership Team may request from time to time.
- c. For the duration of the audit and in carrying out its duties and responsibilities, Internal Audit is entitled to full, free and unrestricted access to all of the University's activities, records, premises, property, personnel and any other documentation or information which the General Counsel and Chief Governance Officer considers necessary to properly fulfil its functions as specified in the Internal Audit Plan, scope of individual audits or other special tasks or investigations.
- d. University staff (including those employed by a University controlled entity) are required to fully cooperate with

Internal Audit activities and to facilitate the progress of audit work by providing input and assistance in an appropriate manner.

- e. The General Counsel and Chief Governance Officer, in undertaking the Internal Audit Plan or other tasks as directed under b is authorised to allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives and approve the final audit report in consultation with key stakeholders in the individual audit.
- f. Subject to the availability of approved budget, the General Counsel and Chief Governance Officer is authorised to engage an external service provider to conduct the audit, specific task or investigation, or if additional resources are required. The General Counsel and Chief Governance Officer will decline the consulting engagement if Internal Audit has a conflict of interest which cannot be effectively managed, are unable to obtain or lack the requisite knowledge, skills, or other competencies needed to perform all or part of the engagement.
- g. The existence of Internal Audit does not reduce the financial and operational responsibilities of management for the proper execution and control of activities, including responsibilities for the periodic conduct of system appraisals, internal controls and risk management.

## **Section 6 - Confidentiality**

(19) All records, documentation and information accessed in the course of Internal Audit activities are to be used solely for the conduct of these activities. All Internal Audit staff are responsible and accountable for maintaining the confidentiality of information they receive in the course of their work.

(20) Internal Audit reports are deemed to be confidential reports of the Council and will be provided to the University's appointed external auditors and/or any other government agency in accordance with legislative requirements. Access to Internal Audit records will be managed by the Vice-Chancellor or the General Counsel and Chief Governance Officer after consideration and approval from relevant senior management.

## **Section 7 - Scope of Responsibilities**

(21) The General Counsel and Chief Governance Officer is responsible for supervising the performance of the outsourced Internal Audit provider and ensuring internal audits and agreed engagements are conducted in accordance with this Charter, University Policies and the IPPF.

(22) Internal Audit shall, in the performance of its function, consider the following:

- a. compliance, with internal and external legislation and instruments;
- b. the adequacy, reliability, integrity and effectiveness of the financial and operational controls, including IT system controls ;
- c. whether the information technology governance supports the University's strategies and objectives;
- d. the recording, control and use of the University's assets;
- e. the efficiency, effectiveness, design, implementation and ethical conduct of the University's systems and processes with an aim to contribute to the improvement in internal controls and risk management processes; and
- f. the extent to which public and other property, money and resources under the control of the University are accounted for, used and safeguarded from loss, including misuse.

(23) Internal Audit shall, where appropriate and requested, provide advice to management, including on new projects and programs, with particular emphasis on the matters identified in clause 18.

(24) Internal Audit activities may also cover any controlled entities of the University.

(25) By request from the Council or the Vice-Chancellor, Internal Audit may be asked to engage with associated/related bodies that are part of, attached to or otherwise partially controlled by the University.

(26) Should consulting opportunities arise during an internal audit engagement, a specific written understanding as to the objectives, scope, respective responsibilities, and other expectations should be reached between the parties with the results of the consulting engagement communicated to stakeholders.

(27) Internal Audit activities does not, in any instance, extend to:-

- a. exercising executive or managerial authority functions except those related to the Internal Audit function;
- b. performing any operational duties for the University or its controlled entities;
- c. initiating or approving accounting transactions outside the Internal Audit area; or
- d. involvement in any day-to-day operations or internal control functions of the University except those related to the Internal Audit function.

## Section 8 - Planning

(28) Following consultation with the Vice-Chancellor, members of the Executive Leadership Team and other relevant parties a risk based Internal Audit Plan will be prepared annually by the General Counsel and Chief Governance Officer for approval of the Risk Committee on behalf of Council.

(29) Amendments to the approved Internal Audit Plan shall be submitted to the Risk Committee for consideration and approval on the recommendation of the General Counsel and Chief Governance Officer.

## Section 9 - Professional Standards and Quality Assurance

(30) Internal Audit will conduct activities consistent with this Charter and the International Standards for the Professional Practice of Internal Auditing issued by the Institute of Internal Auditors (IIA), noting that:

- a. external audit activities remain the prerogative of the [NSW Audit Office](#), or their agents;
- b. Internal Audit activities do not extend to the coordination of external audit on behalf of the [NSW Audit Office](#) although Internal Audit will consult with the University's external auditors to reduce duplication of audit activity;
- c. where applicable, Internal Audit will have regard for the standards and practice statements and professional code of ethics issued by Australian and International accounting and auditing organisations, including the Institute of Internal Auditors and the Accounting Professional and Ethical Standards Board.

(31) The General Counsel and Chief Governance Officer will arrange an independent review of the efficiency and effectiveness of the operations of the Internal Audit function as part of a quality assurance program at least every five years, with additional self-assessments every three years.

## Section 10 - Reporting

(32) The General Counsel and Chief Governance Officer will provide the results of internal audits and quality assurance reviews to the Vice-Chancellor and as a general rule, to the Executive Leadership Team and the relevant members of

University management.

(33) The General Counsel and Chief Governance Officer will report to the Risk Committee on:

- a. audits completed;
- b. progress in implementing the Internal Audit Plan including any issues impacting on the approved plan;
- c. progress in implementing agreed audit recommendations including any issues impacting on implementation;
- d. matters arising from previous meetings; and
- e. any other information requested by the Risk Committee.

(34) The General Counsel and Chief Governance Officer will communicate to the Vice-Chancellor and the Risk Committee any instances where management assumes a level of risk that may be outside the risk appetite and is unacceptable to the University.

(35) Annually the General Counsel and Chief Governance Officer will provide to the Risk Committee an attestation to support the independence of the internal audit services provided and an attestation to support compliance with the International Standards for the Professional Practice of Internal Auditing issued by the Institute of Internal Auditors.

## **Section 11 - Audit Recommendations and Actions**

(36) The General Counsel and Chief Governance Officer is responsible for working with relevant management to ensure that a system is in place which supports the implementation of agreed audit recommendations and actions within required time-frames.

(37) It is the responsibility of management to ensure the agreed audit recommendations are actioned within the required time-frame.

## **Section 12 - Review of Charter**

(38) The General Counsel and Chief Governance Officer is responsible for review of this Charter every two years.

(39) Amendments to this Charter require the approval of the Council on the recommendation of the Risk Committee.

## Status and Details

<b>Status</b>	Current
<b>Effective Date</b>	15th May 2026
<b>Review Date</b>	12th December 2026
<b>Approval Authority</b>	University Secretary
<b>Approval Date</b>	14th May 2026
<b>Expiry Date</b>	Not Applicable
<b>Responsible Executive</b>	Daniel Bell General Counsel and Chief Governance Officer
<b>Enquiries Contact</b>	Daniel Bell General Counsel and Chief Governance Officer <hr/> Legal and Governance Services

## Glossary Terms and Definitions

**"Council"** - The governing authority of the University established under section 8A of the University of Newcastle Act 1989.

**"University"** - The University of Newcastle, a body corporate established under sections 4 and 5 of the University of Newcastle Act 1989.

**"Risk"** - Effect of uncertainty on objectives. Note: An effect is a deviation from the expected, whether it is positive and/or negative.

**"Risk management"** - The co-ordination of activities to optimise the management of potential opportunities and reduce the consequence or impact of adverse effects or events.

**"Risk appetite"** - An organisation's approach to assess and eventually pursue, retain, take or turn away from risk.

**"Level of risk"** - Magnitude of a risk or combination of risks, expressed in terms of the combination of their consequence and likelihood.

**"Asset"** - Any tangible or intangible item (or group of items) that the University owns or has a legal or other right to control and exploit to obtain financial or other economic benefits.

**"Controlled entity"** - Has the same meaning as in section 16A of the University of Newcastle Act 1989.

**"Course"** - When referring to a course offered by the University, a course is a set of learning activities or learning opportunities with defined, assessed and recorded learning outcomes. A course will be identified by an alphanumeric course code and course title. Course types include core courses, compulsory courses, directed courses, capstone courses and electives. For all other uses of this term, the generic definition applies.

**"Personnel"** - In relation to a party, any employee, officer, agent, contractor, sub-contractor, student or volunteer of that party.

**"Program"** - When referring to learning, a program is a sequence of approved learning, usually leading to an Award. For all other uses of this term, the generic definition applies.

**"Staff"** - Means a person who was at the relevant time employed by the University and includes professional and

academic staff of the University, by contract or ongoing, as well as conjoint staff but does not include visitors to the University.