THE UNIVERSITY OF NOTRE DAME AUSTRALIA

Procedure:

Internal Audit Planning

Effective: 10 July 2025

Audience: Employees

Policy Category: Governance
Policy Sub-category: Risk and Audit

Key words:	Internal Audit; planning
Procedure Owner:	Audit and Risk Committee
Responsible Officer:	Director, Risk and Assurance
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1 PURPOSE

1.1 To provide guidance to the University of Notre Dame Australia (**University**) Audit and Risk Committee (**Committee**), management, and Internal Audit on the Internal Audit Planning process. This Procedure supports the implementation of the Internal Audit Charter.

1.2 To articulate the roles and responsibilities required, and the processes to undertake, to develop the Internal Audit Plan.

2 RELATED POLICIES AND PROCEDURES

2.1 This Procedure should be read in conjunction with the following policies and procedures:

2.1.1 *Internal Audit Charter*

2.1.2 *Procedure: Delivery of Internal Audit*

2.1.3 *Procedure: Follow-up of Outstanding Internal Audit Recommendations*

2.1.4 *Procedure: Internal Audit Key Performance Indicators*

3 SCOPE

3.1 The Internal Audit Plan is developed annually for the upcoming year, consulting with the Vice Chancellor, the Internal Audit Executive and the University Executive.

3.2 Internal Audit develops the Internal Audit Plan on the basis of a consultative risk-based approach and consideration of the University's internal control framework and other University assurance mechanisms.

3.3 The Internal Audit Plan is developed in line with the University's strategic objectives and risks, with a continuing focus on the University's frameworks, core processes and internal controls.

3.4 The Internal Audit Plan incorporates proposed internal audit activities across the University, providing coverage over high-risk areas, key frameworks, core and enabling business processes, systems and technology, including cross-University processes.

3.5 The internal audit engagements in the Internal Audit Plan are supported by ongoing internal audit follow-up activities, and the performance of ad-hoc audits as requested by the Committee and the Executive through the year. The Internal Audit Plan is endorsed by the Committee prior to the start of the following year.

3.6 This Procedure is applicable to:

3.6.1 Committee Members

3.6.2 The Internal Audit function, and

3.6.3 Any person or group involved in the development of the Internal Audit Plan, including management.

4 RESPONSIBILITIES

4.1 The **Committee**:

4.1.1 Ensures that the Internal Audit Plan is in alignment with the University Material Risks and objectives

4.1.2 Prioritises the proposed internal audit activities as required, and
4.1.3 Ensures endorsement of the Internal Audit Plan occurs in a timely manner.

4.2 The **Internal Audit Executive** is responsible for the Internal Audit. The Internal Audit Executive:

4.2.1 Ensures all stakeholders of the Internal Audit function are aware of and understand this Procedure
4.2.2 Facilitates the communication between Internal Audit and the University Executive throughout the planning process
4.2.3 Provides input to the Internal Audit Plan
4.2.4 Reviews and prioritises the proposed internal audit activities where required
4.2.5 Obtains the Committee's endorsement of the Internal Audit Plan
4.2.6 Reviews and approves management requests for ad-hoc audits, and
4.2.7 Reviews the contract for out/co-sourced Internal Audit activity (to the extent any activities are out/co-sourced).

4.3 **Internal Audit**:

4.3.1 Requests and obtains relevant information, including the University's most current University Material Risk Register, for the development of the Internal Audit Plan
4.3.2 Consults with the relevant stakeholders to ensure the Internal Audit Plan is developed as per the steps detailed within Section 5 of this Procedure
4.3.3 Consults the Vice Chancellor and the Internal Audit Executive on proposed internal audit activities
4.3.4 Develops the Internal Audit Plan based on the assessment of the University's strategic risks, and consulting with the relevant stakeholders
4.3.5 Presents the Internal Audit Plan to the Committee for endorsement, and
4.3.6 Tenders the contract for out/co-sourced Internal Audit activity (to the extent any activities are out/co-sourced).

4.4 The **University Executive** provides input to the Internal Audit Plan, including identification of risk areas and initiatives for which to focus the scope of internal audit activities.

5 INTERNAL AUDIT PLANNING PROCESS

5.1 The following are performed by Internal Audit in developing the Internal Audit Plan:

5.1.1 Consider the University Material Risk Register for the significant risk areas for which to align internal audit activities with.

5.1.2 Consider relevant documentation and information to inform the Internal Audit Plan, such as:
5.1.2.1 Strategic Plans
5.1.2.2 Historical internal audit activities (i.e. internal audits performed in previous years)
5.1.2.3 Any potential reviews or areas of risk flagged during Committee Meetings
5.1.2.4 Recent External Audit management letter observations
5.1.2.5 Emerging issues affecting the university sector;
5.1.2.6 Any statutory and regulatory compliance requirements, and/or
5.1.2.7 Other relevant assurance activity.

5.1.3 Conduct a meeting with the Vice Chancellor and the Internal Audit Executive to consider relevant internal audit focus areas.

5.1.4 Based on the preliminary activities above, create an indicative list of focus areas and proposed internal audits.

5.1.5 Conduct individual meetings with members of the University Executive, or delegate, to understand Divisional requirements, risks and areas of focus for the year ahead. Internal Audit will obtain feedback and input from the University Executive on the indicative list from step 5.1.4, and make adjustments to the indicative list as required.

5.1.6 Meet with the Chair of the Committee to ensure alignment of proposed internal audit activity with Committee focus areas and concerns.

5.1.7 Hold meetings with the Vice Chancellor and the Internal Audit Executive to prioritise the proposed audits, giving consideration to how best to allocate internal audit resources.

5.1.8 Following the prioritisation of audits, develop the draft Internal Audit Plan, including a high level indicative scope for each of the proposed internal audits, and the following details:

5.1.8.1 Indicative objective of the internal audit
5.1.8.2 Indicative scope of the internal audit
5.1.8.3 Responsible Executive, and
5.1.8.4 The linkage to the University Material Risks.

5.1.9 Provide the draft Internal Audit Plan to the Internal Audit Executive to share with the Vice Chancellor and University Executive for final comment.

5.1.10 Submit the draft Internal Audit Plan to the Committee for endorsement.

5.1.11 Provide the finalised Internal Audit Plan to the Internal Audit Executive for distribution to the University Executive.

5.1.12 The Internal Audit Planning process commences approximately in August for presentation to the November meeting of the Committee.

6 AD HOC INTERNAL AUDITS

6.1 Internal Audit may also carry out ad-hoc internal audits (i.e. audits not on the Internal Audit Plan) as requested by the University Executive or the Committee.

6.2 The Internal Audit Executive must be informed of any request for ad-hoc internal audit requests. The Internal Audit Executive will decide whether it is appropriate to proceed with the audit, and appropriate resource (re)allocation.

6.3 Upon confirmation from the Internal Audit Executive, Internal Audit will meet with the relevant Responsible Executive and/or their delegates, to define the scope, approach, resources, and timing for the internal audit.

6.4 The remainder of the internal audit process will follow the same process as documented within *Procedure: Delivery of Internal Audit*.

7 REVIEW OF THIS PROCEDURE

7.1 This Procedure should be reviewed every three years by the Internal Audit Executive to ensure that the Procedure is current and accurately reflect the process that should be followed.

8 DEFINITIONS

8.1 For the purposes of this Procedure, the following definitions apply:

8.1.1 ***University Executive*** means the executive management group of the University.

8.1.2 ***University*** means the University of Notre Dame Australia.

8.1.3 ***Chair*** means the person appointed to lead the University's Committee.

8.1.4 ***Internal Audit*** means the independent, objective assurance and consulting function designed to evaluate and improve the effectiveness of risk management, control and governance processes.

8.1.5 ***Internal Audit engagement*** means the application of specific Internal Audit resources and methodology to complete a discrete scoped piece of work.

8.1.6 ***Internal Audit Executive*** means the Executive of the University who operationally manages the Internal Audit function.

8.1.7 ***Responsible Executive*** means the member of the University Executive accountable for the process area subject to a specific internal audit engagement.

8.1.8 ***Internal Audit Plan*** refers to the annual Internal Audit Plan endorsed by the Committee, listing the proposed internal audit activities across the organisation covering high-risk areas, core, and enabling business processes.

8.1.9 ***Internal Audit Follow Up*** refers to the process to monitor the progress on the action taken to address any outstanding internal audit recommendation.

Version	Date of approval	Approved by	Amendment
1	20 June 2019	PVC, Strategy and Planning	Effective date – new Procedure.
	14 July 2020	PVC, Strategy and Planning	Review date changed from July 2020 to July 2022 in line with Policy Framework.
2	6 August 2020	Board of Directors	References to Finance, Audit and Risk Committee replaced with Audit and Risk Committee.
	21 February 2022	University Secretary	Administrative change to reflect new policy owner.
3	20 July 2022	Audit and Risk Committee	Update of terminology to align with other University procedures; update of timeframes to align with the Committee timetable.
4	10 July 2025	Audit and Risk Committee	Minor amendments to wording and formatting corrections.

9 PROCESS SUMMARY

Process Step	***Responsibility***
August to October ***Preliminary activities*** • Consider University Material Risk Register and other relevant information to inform planning • Discussion with Vice Chancellor to consider internal audit focus areas ***Development of indicative list of focus areas*** • Develop indicative list of focus areas and proposed internal audits • Discussions with University Executive members on significant areas, risks and receive feedback on proposed internal audits ***Development of draft Internal Audit Plan*** • Discussion with Committee Chair on alignment of proposed internal audits with Committee focus • With Vice Chancellor, determine allocation of internal audit resources • Draft Internal Audit Plan as per clause 5.1.8 • Draft Internal Audit Plan provided to Vice Chancellor and University Executive for final comment.	Internal Audit Executive via Director Risk and Assurance
November • Submit draft Internal Audit Plan to Committee for endorsement • Finalised Internal Audit Plan distributed to University Executive	Internal Audit Executive via Director Risk and Assurance
Ad-hoc Internal Audits • Ad hoc internal audit requirement identified • Request considered for appropriateness and resource (re)allocation requirements	University Executive or Committee Internal Audit Executive

• If approved, define the scope, approach, resources and timing for the ad-hoc internal audit • Internal Audit conducted as per *Procedure: Delivery of Internal Audit*	Internal Audit Executive via Director Risk and Assurance