

COMMONWEALTH DEPARTMENT OF EDUCATION, SCIENCE AND TRAINING

2006 (2005 DATA) FINANCIAL QUESTIONNAIRE FOR SYSTEM OFFICES

DEST Number:			
System Name:			
Location Address:			
	Suburb	State	Postcode
System Office Contact Person details:			
Name:			
	Title	First Name	Family Name
Position:			
Telephone:			
Contact person Email address:			

AUDITOR INFORMATION			
Name of Auditor:		Telephone:	
	First Name	Family Name	
Name of Company:			
Membership level and registration number:			
QUALIFICATIONS OF AUDITOR:			
It is a requirement of the Department that the auditor for the purposes of the Financial Questionnaire be one of the following: <i>(Please tick as appropriate. If unknown please check with your auditor.)</i>			
<input type="checkbox"/>	A registered company auditor in a State or Territory, under Part 9.2 of the <i>Corporations Act 2001</i>		
<input type="checkbox"/>	A member of the Institute of Chartered Accountants in Australia, CPA Australia <i>Previously approved by the (then) Minister are: National Institute of Accountants, a member or fellow of the Association of Taxation and Management Accountants or a fellow member .</i>		
<input type="checkbox"/>	of the National Tax and Accountants Association Limited A person approved by the Minister for Education, Science and Training as a qualified accountant for the purposes of the <i>Schools Assistance (Learning Together - Achievement Through Choice and Opportunity) Act 2004</i>		

GENERAL INFORMATION	
Item	General Accounting Information
Gl.012	Have you received the Auditor's Opinion's from your schools and for your System office and completed the Bulk Auditor's Opinion on line? YES/NO
Gl.060	Please indicate the accounting system used. CASH/ACCRUAL
Gl.070	Please insert the date which marks the end of the System office's financial year.

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Item		RECURRENT INCOME
		Private Income
RI.055		Other private income
		State Government Recurrent Grants
RI.085		State Government recurrent grants (including per capita grants)
RI.100		Interest subsidy
RI.130		State Government education allowances
		Commonwealth Government Recurrent Grants
RI.150		General Recurrent Grants Programme - basic per capita
RI.151		Short Term Emergency Assistance
RI.155		Establishment Grants
RI.158		Distance Education
RI.161		English as a Second Language - New Arrivals Programme
RI.165		Literacy, Numeracy and Special Learning Needs Programme - per capita
RI.170		Literacy, Numeracy and Special Learning Needs Programme - recurrent
RI.190		Country Areas Programme
RI.230		Languages Programme
RI.240		Indigenous Education (including ESL Indigenous Language Speaking Students)
RI.250		Other Commonwealth recurrent grants
RI.260	0	TOTAL RECURRENT INCOME
Item		CAPITAL INCOME
		Government Capital Grants
CI.010		Commonwealth Capital grant
CI.015		Commonwealth Capital Grants - Investing in our Schools Programme
CI.070		State Government Capital grant
		Other Capital Income
CI.095		Other Capital Income including donations, profit on the sale of fixed assets, interest, dividends and other capital receipts.
CI.130	0	TOTAL CAPITAL INCOME

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Item		RECURRENT EXPENDITURE
		Salaries and Allowances
RE.000		Executive - Senior executive staff
RE.005		Executive - Inspectors/superintendents
RE.015		General Teaching Staff - lay and religious
RE.060		Salaries all other staff (specialist support, administrative and clerical, building operations and maintenance, other staff and cleaners)
		(NOTE: in this section also include payments made on behalf of staff - salary packaged amounts. Do Not include the employer contributions refer to Item RE.090)
		Salary related expenses
RE.090		Workers compensation insurance, Fringe Benefits Tax, other salary related expenses
RE.110		Superannuation (Employer Contribution Only)
RE.130		Long Service Leave (Provision for Long Service Leave and Annual Leave)
		Non salary expenses
RE.145		Teaching expenses and materials, administrative and clerical expenses, and sundry administrative expenses
RE.195		Buildings & grounds - operations, building and equipment maintenance,
RE.220		Interest - bank overdraft and recurrent loans
RE.230		Interest - capital and bridging loans
RE.240		Interest - hire purchase agreements and finance leases
RE.250		Rent and operating lease expenses
RE.260		Amortisation - leasehold land and buildings and assets under finance leases and hire purchase agreements
RE.270		Depreciation
RE.290		Loss on the sale of fixed assets and investments
RE.300	0	TOTAL RECURRENT EXPENDITURE

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Item		CAPITAL EXPENDITURE
CE.005		Land, Buildings and improvements
CE.030		Furniture and equipment
CE.040		Plant and machinery
CE.050		Motor vehicles
CE.055		Other capital expenditure
CE.080	0	TOTAL CAPITAL EXPENDITURE

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Item		LOANS
		Recurrent Loans
		(all loans including overdrafts, short term loans from Financial Institutions, Building Funds and P & F
		Associations)
LN.015		(a) Opening Balance
LN.019		(b) Closing Balance
		Capital and Bridging Loans
		(all capital loans including loans from Financial Institutions, Bridging Loans and Hire Purchases/Finance Leases)
LN.025		(a) Opening Balance
LN.029		(b) Closing balance

**BULK SYSTEM DECLARATION FORM
(Covering Schools in the System)**

A person authorised to act on behalf of the Approved Authority for the purposes of Commonwealth general recurrent grants must sign the declaration below.

DECLARATION

In submitting this Financial Questionnaire via the Internet, I declare that the information provided herein at this point in time for the schools which are at 'confirmed' status - is to the best of my knowledge and ability true and correct in every particular and has been drawn from each school's independently audited accounts or based on information submitted to an independent auditor.

I understand that the Commonwealth may disclose this information to other Commonwealth, State or Territory agencies where required by law or for programme monitoring purposes.

I understand that giving false or misleading information is a serious offence.

Name

Date

.....
(person authorised to declare on behalf of the System/Diocesan office)

.....

Position Held:

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SYSTEM DECLARATION FORM
(for the system office only)

A person authorised to act on behalf of the Approved Authority for the purposes of Commonwealth general recurrent grants must sign the declaration below.

DECLARATION

In submitting this Financial Questionnaire via the Internet, I declare that the information provided herein is to the best of my knowledge and ability true and correct in every particular and has been drawn from the System Office's independently audited accounts or based on information submitted to an independent auditor.

I understand that the Commonwealth may disclose this information to other Commonwealth, State or Territory agencies where required by law or for programme monitoring purposes.

I understand that giving false or misleading information is a serious offence.

Name

Date

.....
(person authorised to declare on behalf of the System/Diocesan office)

.....

Position Held:

BULK AUDITOR'S OPINION
(Covering schools in the System/Diocese and the System office)

I hereby certify for each of the schools in the System/Diocese and the System office the following information was received and deemed to be satisfactory:

An audit opinion in the form specified in the Financial Questionnaire of Non-government Schools has been received.

and

The auditor, for the purposes of the Financial Questionnaire, is one of the following:

A registered company auditor in a State or Territory, under Part 9.2 of the Corporations Act 2001: or

A member of the Institute of Chartered Accountants in Australia, CPA Australia., or Previously approved by the (then) Minister are: National Institute of Accountants, a member or fellow of the Association of Taxation and Management Accountants or a fellow member of the National Tax and Accountants Association Limited

A person approved by the Minister of Education, Science and Training as a qualified accountant for the purposes of *the Schools Assistance (Learning Together Through Choice and Opportunity) Act 2004*

and

- the information submitted in the questionnaire accurately reflects the operation of the school within the limitations expressed in the audit.

In accordance with the Agreement entered into between the Commonwealth and the Approved Authority on behalf of the System, I acknowledge that the Department reserves the right to ask that copies of Audit opinions be forwarded if required by the Department.

Name : ____/____/200__
person authorised to declare on behalf of the System/Diocese office

Position Held:.....