SILREADY DOCS

Audit Readiness Checklist

Document-specific completion controls

Use only the current controlled version and record the person, date, context and authority for each audit readiness decision.
Separate facts, participant accounts, observations and professional advice and preserve corrections and prior decisions.
Do not close a audit readiness action until the named owner verifies outcome evidence and residual risk.

Document control

Logo: [PROVIDER LOGO]
Provider: [PROVIDER LEGAL NAME] | Trading name: [TRADING NAME] | ABN: [ABN]
Address: [BUSINESS ADDRESS] | Email: [CONTACT EMAIL] | Phone: [PHONE]
Responsible person: [RESPONSIBLE ROLE] | Key roles: [KEY ROLES] | Jurisdiction: [STATE OR TERRITORY]
SIL homes: [SIL HOME COUNT] | Participants: [PARTICIPANT COUNT] | Service model: [SERVICE MODEL]
Emergency process: [EMERGENCY PROCESS] | Review cycle: [REVIEW CYCLE]
Medication support: [MEDICATION SUPPORT FLAG] | Restrictive practices: [RESTRICTIVE PRACTICE FLAG] | High-intensity supports: [HIGH INTENSITY SUPPORT FLAG]
Document ID: AUD-001-AUDIT-READINESS-CH | Version: 1.0 | Product version: 1.0.0
Owner: [RESPONSIBLE ROLE] | Approved by: [APPROVER ROLE] | Approval date: [APPROVAL DATE] | Effective date: [EFFECTIVE DATE] | Review date: [REVIEW DATE]

Purpose

Audit Readiness Checklist establishes the provider-owned decisions, actions and evidence needed to manage audit readiness. Its specific control objective is to test criteria against records, observation and interviews and close gaps only after effectiveness verification, while demonstrating that practice—not possession of a template—addresses false assurance, unsupported closure or repeated non-conformance.

Scope

Apply this checklist to people, locations, records and decisions directly affected by audit readiness. Before approval, identify the applicable service model, participant directions, jurisdiction, registration scope, delegations and specialist boundaries; exclude matters that require an authorised clinician, lawyer, workplace specialist or regulator decision.

Responsibilities

Quality and Audit Lead: owns the audit readiness control design, approves exceptions within delegation and reports ineffective controls.
Operational user of Audit Readiness Checklist: completes the five subject-specific steps, records evidence at the time of action and escalates matters outside competence.
Participant or affected person: receives accessible information, contributes preferences and can challenge or correct decisions without reprisal.
Document Controller: protects the approved version, access permissions, linked evidence and superseded-record trail for this instrument.

Document-specific workflow

1. Define the audit readiness scope, location, person, date and verifier before checking items.
2. Rate every item Yes, No or Not applicable and cite the evidence inspected.
3. Stop and escalate a safety-critical No rather than completing the checklist administratively.
4. Assign each gap to an authorised owner with a risk-based completion date.
5. Recheck closure evidence, sign the result and schedule the applicable next trigger.

Escalation

Immediate response: escalate critical findings, overdue high-risk actions and evidence suggesting actual harm or systemic failure.
Authority boundary: refer any audit readiness decision beyond the recorded delegation to Quality and Audit Lead and the relevant qualified adviser.
Evidence boundary: record the facts, person’s account, action, advice sought and outcome; do not invent a statutory timeframe or clinical direction.

Records and implementation evidence

1. criterion and scope showing how audit readiness was addressed and who verified it.
2. sample index showing how audit readiness was addressed and who verified it.
3. finding and root cause showing how audit readiness was addressed and who verified it.
4. owned corrective action showing how audit readiness was addressed and who verified it.
5. effectiveness test showing how audit readiness was addressed and who verified it.

Implementation guidance, training and monitoring

Configure Audit Readiness Checklist around the provider's actual audit readiness systems, delegations and accessible communication methods.
Brief Quality and Audit Lead and each operational user on their exact decision boundary; assess competency where false assurance, unsupported closure or repeated non-conformance can affect safety or rights.
Pilot the instrument on a representative audit readiness scenario and record participant or worker feedback and resulting amendments.
Link every open action to the responsible operational register instead of relying on the template as evidence of completion.
After implementation, sample completed records for accuracy, timeliness, accessibility, escalation and evidence of effective outcomes.

Review

Routine review measure: sample whether audit readiness records contain the five required evidence classes and completed follow-up.
Triggered review: reconsider this instrument after a related incident, complaint, audit finding, participant feedback, source change or control failure.
Approval test: retain the reviewer, evidence sampled, changes made, unresolved risk and next provider-approved review trigger.

Related internal documents

AUD-003-30-DAY-IMPLEMENTAT — 30-Day Implementation Plan
AUD-004-60-DAY-IMPLEMENTAT — 60-Day Implementation Plan
AUD-005-90-DAY-COMPLIANCE- — 90-Day Compliance Calendar
AUD-005-AUDIT-DAY-PREPARAT — Audit Day Preparation Checklist

External references

NDIS Practice Standards — NDIS Quality and Safeguards Commission — https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards (reviewed 2026-08-05)
Relevant outcome: Audit Readiness Checklist: Core and applicable supplementary modules
Applicability: Reviewed as a primary factual reference for the subject, decisions and evidence fields in Audit Readiness Checklist. Provider applicability and source currency must be confirmed before approval.
Verify source currency and applicability before provider approval.

Revision history

Version 1.0 | [APPROVAL DATE] | Initial provider-approved issue | [APPROVER ROLE]

Customisation and professional review warning

EDITABLE TEMPLATE — CUSTOMISE FOR YOUR ORGANISATION AND OBTAIN APPROPRIATE PROFESSIONAL REVIEW BEFORE USE. Independent legal, audit, HR, WHS or compliance review is recommended as relevant.