

Қазақстан Республикасы
Мәдениет және ақпарат министрлігі
«Құрманғазы атындағы Қазақ
ұлттық консерваториясы» РММ



Republican State Institution
«Kurmangazy Kazakh National
Conservatory» of the
Ministry of Culture and Information of the
Republic of Kazakhstan

**ҚЫЗМЕТ
ЕРЕЖЕ**

april 30, 2025
дата

Алматы қ.

**POSITION
ACTIVITIES**

№ P-15-25

c. Almaty

APPROVED

By the decision of the Academic Council
RSI «Kurmangazy Kazakh National
Conservatory»

Ministry of Culture and Information
of the Republic of Kazakhstan

Chairperson

G. Tasbergenova

Protocol No. 30 «30» april 2025



REGULATION ON INTERNAL AUDIT

Developed by:			
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1. GENERAL PROVISIONS

1. This Regulation establishes the procedure for organizing and conducting internal audits on the quality management system, as well as forms of documentation within this procedure in the Republican State Institution «Kazakh National Conservatory Kurmangazy» of the Ministry of Culture and Information of the Republic of Kazakhstan (hereinafter - the Conservatory).

2. This Regulation shall apply to all structural subdivisions and all employees of the Conservatory.

2. REGULATORY REFERENCES

3. The following documents are referenced in this regulation:

1) Standards and Guidelines for Quality Assurance in Higher Education in the European Higher Education Area (ESG) Endorsed by the Ministerial Conference in Yerevan, May 2015;

2) ISO 9001:2015 - Quality Management Systems. Requirements;

3) ISO 19011:2011 - Guidelines for auditing quality management systems and/or environmental management systems;

4) About the Academic Committee (Quality Assurance Commission);

5) Internal Quality Assurance Policy;

6) Rules of documentation, document management in the Conservatory.

4. In addition, the operation of this regulation is necessary in conjunction with the following documentation:

1) Risk Management Policy;

2) Documented procedure «Nonconformity Management, Corrective and Preventive Actions»;

3) Documented procedure «Management Review» and other.

3. TERMS AND DEFINITIONS

5. The following terms with corresponding definitions are applied in this Regulation:

1) **Audit/internal audit** - a systematic, independent and documented process of obtaining audit evidence and objectively evaluating it in order to establish the extent to which the agreed audit (verification) criteria are met;

2) **Auditor** - a person conducting an audit;

3) **Audit team** - one or more persons conducting the audit, if necessary supported by technical experts;

4) **Audit Opinion** - a document prepared after all observations during the audit and after the audit;

5) **Competence** - the ability to apply knowledge and skills to achieve the intended results;

6) **Audit Criteria** - a set of policies, procedures, or requirements used to compare objective evidence against them;

7) **Audit Observations** - the results of evaluating collected audit evidence against audit criteria;

8) **Noncompliance** - failure to meet a requirement;

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- 9) **Audit Scope** - the scope and boundaries of the audit;
- 10) **Audit Plan** - description of audit activities and organizational arrangements;
- 11) **Audit Program** - a set of one or more audits planned for a specific period of time and aimed at achieving a specific objective;
- 12) **Audit Team Leader** - an auditor appointed by the Rector's order to lead the audit team from among the persons identified by the university administration for internal audit
Руководитель группы аудита — аудитор, назначенный приказом ректора для руководства аудиторской группой из числа лиц, определенных администрацией вуза для проведения внутреннего аудита;
- 13) **Audit evidence** - records, statements of facts or other information that are related to the audit criteria and are verifiable;
- 14) **Quality Management System (QMS)** - a system of quality assessment, monitoring and control in the university, the regulations of which are established by the Conservatory's internal regulatory documents based on global standards and requirements of the supervising ministries.
- 15) **Technical expert** - a person who provides special knowledge or experience to the audit team.

4. INTERNAL AUDIT PLANNING

6. Internal audits shall be conducted in accordance with the approved program of internal audits (Appendix 1), which contains a list of planned internal audits with indication of their timing.
7. The purpose of the internal audit is whether the Conservatory's quality management system complies with:
 - 1) planned activities;
 - 2) requirements of the international standard
 - 3) requirements to the quality management system established in the higher education institution;
 - 4) whether the QMS is implemented and functions effectively in the Conservatory.
8. Responsible for the preparation of the internal audit program is the head of the Quality Management Project Office (hereinafter - the Project Office).
9. The head of the project office of quality management, internal audit and strategic planning (hereinafter - Project Office) informs the Conservatory's top management about the content of the program of internal audits and submits it to the Rector of the Conservatory for coordination and approval.
10. When drawing up the program for conducting internal audits, the following should be taken into account:
 - 1) each unit must be audited at least once every two years;
 - 2) the auditor cannot audit its own activities.
11. When planning internal audits, the following factors should be considered:
 - 1) the level of auditors' workload;
 - 2) the importance of the process;
 - 3) the results of previous audits.

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12. Changes in the program of internal audits shall be made by decision of the head of the project office of quality management in coordination with the Vice-Rector for educational and methodological work in the following cases:

- 1) introduction of new processes (QMS documents);
- 2) receipt of information (complaints) from consumers or supervising external organizations about non-compliance of the quality of education/activity with the established requirements;
- 3) in case of important changes in the organizational structure of the Conservatory affecting the quality processes;
- 4) according to the results of analysis by the management.

13. Information about the changes made is sent to the units via e-mail at least 2 weeks prior to the proposed audit.

14. The approved program of internal audits is sent to:

- 1) to the Rector;
- 2) vice-rectors;
- 3) Head of the Project Office;
- 4) heads of audited departments.

15. The approved program of internal audits is stored in the project office of quality management, as well as on the Conservatory's website in the appropriate section.

16. Conducting internal audits consists of the following stages:

- 1) preparation for the audit;
- 2) conducting the audit;
- 3) registration of the audit results.

5. PREPARATION FOR INTERNAL AUDIT

17. The Head of the Project Office in coordination with the Vice-Rector for Academic Affairs determines the personal composition of the audit teams, taking into account the specifics of the work of the audited units and the competence of the auditors.

18. The audit group may consist of two or more auditors (not more than 5).

19. A person from among the Conservatory's employees shall be appointed as an internal auditor.

20. Auditors are appointed and relieved of their duties by order of the Rector of the Conservatory.

21. In determining the size and composition of the audit team, the following shall be considered:

1) At the beginning of the calendar year, an order is issued to conduct a scheduled internal audit according to the approved program;

2) If it is necessary to carry out unscheduled audits (evaluative, controlling, etc.), the Project Office prepares a draft of the relevant order/regulation/program or a plan indicating the timing of the audit.

3) Unscheduled internal audits may be carried out on the basis of a memo/directive from senior management without approval by an order;

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- 4) The overall competence of the audit team required to achieve the audit objectives, taking into account the scope and criteria of the audit;
 - 5) Timing of the audit;
 - 6) Scope of activities of the audited unit;
 - 7) Labor cost of the audit;
 - 8) The need for independence of the audit team members from the types of work to be audited;
 - 9) Ability of the auditors to interact effectively with the audited unit.
22. If the competence of the auditors in the group does not meet all the requirements, external experts should be involved in the group.
23. No later than three days before the start of the audit, the head of the audit team together with the auditors shall develop and agree the internal audit plan with the Head of the Project Office (Annex 2).
24. The internal audit plan shall be transmitted by corporate e-mail to the head of the audited unit for approval.
25. The internal audit plan may include objects of previous audits to monitor and evaluate the effectiveness of the implementation undertaken by the unit based on the results of previous audits.
26. The audit team leader, in consultation with the auditors, assigns audit responsibilities for specific units, activities, processes and procedures. In assigning responsibilities, consideration shall be given to the need to match the competence of the auditors and consultants to the audited items according to the internal audit plan.
27. The agreed internal audit plan shall be kept in the project office. The second copy (or a copy) remains with the audited unit.

6. CONDUCTING AN AUDIT

28. The audit includes the following basic procedures:
- 1) a preliminary meeting with the staff of the unit under review (if necessary);
 - 2) implementation of verification;
 - 3) registration of audit results using a nonconformity and observation registration sheet (if necessary) (Appendices 3 and 4);
 - 4) a final meeting with the head and/or employees of the unit under review (if necessary).

7. HOLDING A PRELIMINARY MEETING

29. The preliminary meeting is conducted by the head of the audit team together with the auditors with the participation of the management and leading specialists of the audited department. A preliminary meeting is optional and may not be held by mutual decision of the head of the audited structural unit and the head of the audit team.
30. At the preliminary meeting, the head of the audit team should:
- 1) introduce the members of the audit team, indicating their role in conducting the audit;
 - 2) confirm the audit plan and activities related to the audit;
 - 3) briefly introduce audit methods and procedures;

- 4) inform the department that the audit evidence is selective, so the assessment will be probabilistic.;
- 5) coordinate official communication channels between the audit team and the audited unit;
- 6) inform about the procedure for informing the audited unit about the audit progress;
- 7) coordinate the use of resources (logistics, transport, living conditions) necessary for the audit;
- 8) to familiarize with the deadlines for the preparation of the report on the results of the internal audit;
- 9) inform about the tasks of the audited unit and subsequent actions, in case the report contains inconsistencies identified during the audit.;
- 10) answer your questions.

8. PERFORMING VERIFICATION

31. The audit is conducted in accordance with the internal audit plan by collecting and analyzing factual data and registering inconsistencies/observations in order to obtain objective evidence to assess the compliance of the inspected facility with the established requirements.

32. An inspection in a subdivision is carried out in the presence of the head or a representative of this subdivision (by decision of the head of the subdivision).

33. Information collection methods include:

- 1) surveys;
- 2) monitoring activities;
- 3) document analysis.

34. The results of the internal audit report are used as sources of information.:

1) interviews (interviews) of the auditor with employees in order to identify the degree of compliance with the requirements described in the regulatory documents (Appendix 8);

- 2) expert observations on the activities of the staff, the functioning of processes;
- 3) documents containing quality data (records);
- 4) checking the correctness of record keeping;
- 5) feedback from students and staff;
- 6) regulatory documents of the quality management system.

35. All information indicating non-compliance is recorded regardless of whether it is included in the verification plan or not.

36. All observations should be documented and documented.

37. If necessary, in agreement with the head of the audited unit, the head of the audit team may make changes to the audit plan and the distribution of responsibilities among the auditors.

38. If it is not possible to provide sufficient documentation as specified in the audit plan or requested by the audit team, the head of the audit team must inform the head of the Project Office and the head of the unit being audited. Depending on the objectives and scope of the audit, it is necessary to decide whether to continue the audit or suspend it until the documentation problems are resolved.

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9. REGISTRATION OF AUDIT RESULTS

39. Each nonconformity identified during the audit is recorded by the auditors in the nonconformity registration sheet (Appendix 3). The nonconformity registration sheet is sent to the audited department within three business days (after the audit) for approval and approval. The head of the department should not delay the nonconformity registration sheet for more than one day.

40. After receiving the nonconformity registration sheet based on the results of the internal audit, the head of the department develops corrective actions, fills in the appropriate section of the nonconformity registration sheet, coordinates them with the head of the audit team and approves each nonconformity registration sheet, thereby confirming the fact that nonconformity has been identified in his department. The approved nonconformity registration sheet is returned and stored in the Project Office, a copy remains in the structural unit.

41. A nonconformity may be resolved during the audit if, during the audit process, additional evidence is provided by the audited entity that the detected nonconformity is not justified. At the same time, an entry is placed on the nonconformity registration sheet: "Removed", an explanation for the removal of the nonconformity is provided. The nonconformity registration sheet is placed in the audit file.

42. If, during the analysis of the activities of the department, process, records or documents, the auditor finds opportunities for improvement, but there is no formal violation of the work requirements, this recommendation is issued as an observation (Appendix 4).

43. When making an observation, the auditor makes suggestions for improving the activity. The responsibilities of the head of the unit under review include considering the possibility of implementing these proposals, assessing risks and the feasibility of making changes to existing work practices.

44. The completed observation registration sheets are stored in the software, copies are sent to the head of the structural unit.

10. REGISTRATION OF AUDIT RESULTS

45. Upon completion of the audit, the head of the audit team must prepare a report on the results of the internal audit.

46. The report on the results of the internal audit is discussed and signed by the auditors and the head of the audit team, coordinated with the head of the Project Office within 5 days after receiving the agreed nonconformity sheets from the audited unit. The audit team familiarizes the head of the audited unit with the contents of the report and gives him a copy of the signed report to attach it to the rest of the documentation in accordance with the consolidated list of cases in a folder. If necessary, an electronic version of the agreed report on the results of the internal audit and nonconformity registration sheets can be sent to the head of the department.

47. In the section of the report "Conclusions, recommendations", proposals for improving the QMS are formulated, the need to develop missing or finalize existing documents is indicated, other issues are reflected at the discretion of the head of the

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audit team and an assessment of compliance with the requirements is given: MS ISO 9001:2015

48. The summarized audit results should be reflected in a report for management review.

11. HOLDING THE FINAL MEETING

49. Upon completion of the audit, the head of the audit team holds a meeting with the head and/or employees of the audited unit.

50. The main purpose of the meeting is to provide the department with a report on the audit results, clarify all identified inconsistencies, assess risks, discuss the directions of necessary measures to eliminate inconsistencies and corrective actions, and make a decision on the identified risks.

12. CARRYING OUT CORRECTIVE AND PREVENTIVE MEASURES

51. In accordance with the completed sheet on the results of identified nonconformities, the structural unit performs an analysis of nonconformities and corrective actions within the established time frame.

52. The implementation of corrective and preventive actions, risk assessment and analysis of the causes of nonconformities is carried out according to the documented procedure "Nonconformities and corrective actions" (hereinafter — DP):

53. If nonconformities are identified during the audit, the head of the audited department provides the Project Office with scanned documents or other evidence of corrective actions within three months after the audit. The Project Office enters information in the nonconformity registration sheet about the corrective measures developed and carried out (Appendix 3).

54. To monitor the timely implementation of corrective actions (corrections), the Project Office staff fills out the nonconformity registration sheet.

55. Based on the Nonconformity Document Registration Sheet, a Nonconformity Elimination Control Plan is formed (Appendix 7).

56. The Nonconformity document registration sheet is maintained by the Project Office staff in electronic form in accordance with the form provided in the DP.

57. The plan is maintained electronically, in accordance with the form provided in the DP, which allows monitoring the timing of the provision of information on the elimination of identified inconsistencies.

58. Repeated monitoring of the implementation of corrective actions and corrections is carried out during the subsequent audit.

13. REQUIREMENTS FOR AN INTERNAL AUDITOR AND THE HEAD OF THE AUDIT TEAM

59. Requirements for auditors are classified as:

1) higher education;

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2) by length of service — work experience at the Conservatory for at least a year;

3) based on work experience — in the field of quality management and auditing;

4) according to personal qualities.

60. An employee who does not have a specialized education must complete a training course or advanced training courses under the program "Development of a quality management system. Internal audit", which provides the knowledge and qualifications necessary for conducting audits.

61. The document confirming the competence of an internal auditor is a certificate issued by an organization specialized in training specialists in this field. The competence of internal auditors is assessed during the audit process and maintained by improving their qualifications.

62. During the absence of the internal auditor, as determined by the order (vacation, illness, etc.), his duties are performed by a person appointed in accordance with the procedure established at the Conservatory. This person acquires the rights of an internal auditor and is responsible for improper performance of the duties assigned to him.

63. An internal auditor should know and be able to apply audit principles, procedures and methods. To verify the QMS, the internal auditor must know and understand:

1) International standards of the ISO 9001, ISO 19011-2012 series.

2) guidelines for the audit of quality management systems;

3) terminology in the field under review;

4) requirements of standards;

5) General system guidance;

6) General system procedures (documented actions);

7) Audit program procedures;

8) the structure and functions of the staff and staff of the Conservatory;

9) Process maps;

10) application of laws and regulations.

64. Internal auditors are required to maintain confidentiality and not disseminate information obtained during the audit. The internal auditor's signature on the standard's familiarization sheet is proof of compliance with this requirement.

65. Professional education in the field of quality management, standardization and certification is recommended.

66. The requirements for the total length of service may be reduced on the recommendation of the head of the Project Office in the case of confirmation of qualifications in the field of QMS with a diploma of higher education in the specialty «Quality Management» or a certificate of completion of advanced training courses in the areas of quality management.

67. To ensure the objectivity and impartiality of the audit process, internal auditors should demonstrate the following personal qualities during the planning and conduct of the audit:

1) ethics, honesty, truthfulness, sincerity and prudence;

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- 2) openness and open—mindedness - the desire and willingness to accept alternative ideas or points of view;
- 3) diplomacy and tact when dealing with people;
- 4) observation skills;
- 5) Receptivity — awareness and ability to understand situations;
- 6) the ability to quickly adapt to different situations;
- 7) perseverance — perseverance, focus on achieving goals;
- 8) determination — timely decision-making based on logical considerations and analysis;
- 9) independence – the ability to act and perform their functions independently, effectively interacting with others;
- 10) integrity — willingness to act responsibly and ethically, even in cases where these actions may not meet with approval or lead to disagreements or confrontation.;
- 11) readiness for self—improvement - learning in the process of work, striving to achieve the best results during audits;
- 12) high culture of behavior — respect for the cultural values of the unit under review;
- 13) the ability to collaborate and work with people — effective interaction with others, including members of the audit team and the staff of the audited unit.

14. DUTIES, RIGHTS AND RESPONSIBILITIES OF THE INTERNAL AUDITOR AND THE HEAD OF THE AUDIT TEAM

68. The **head** of the audit group is **obliged** to:

- 1) plan the audits in accordance with the approved schedule;
- 2) be responsible for preparing the necessary documents for the work;
- 3) participate in the formation of the audit group;
- 4) if necessary, hold a preliminary meeting with the specialists of the inspected department.;
- 5) submit a list of applicants for auditor training;
- 6) give assignments to the audit team;
- 7) monitor the execution of tasks;
- 8) instruct internal auditors;
- 9) comply with all the requirements of the quality management system documents related to the conservatory and the audit;
- 10) submit an audit report in accordance with the established procedure;
- 11) to communicate the audit results with the necessary clarifications to the audited units;
- 12) hold a final meeting with the specialists of the unit under review.

69. The **internal auditor** is **obliged** to:

- 1) to conduct an audit within the framework of the established plan;
- 2) to collect and analyze the information necessary for an objective conclusion about the work and condition of the QMS in the audited unit;
- 3) to form working documents necessary for registration of audit progress, audit certificates and observations, minutes of meetings;

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4) coordinate the conclusions and development of recommendations based on the audit results;

5) participate in the final meeting on summarizing the audit results;

6) participate in the preparation of audit reports, analytical reports and memos;

7) comply with ethical rules and norms of communication during the audit;

8) participate in the organization's preparation for an external/inspection audit.

70. The head of the audit group has the right to:

1) select a group of auditors from among the staff of the Conservatory who have the necessary qualifications;

2) get acquainted with the necessary documentation and communicate with the personnel of the inspected units;

3) request documents of the quality management system and evidence of compliance with the established requirements;

4) receive the necessary information from the heads of the audited departments confirming the implementation of the established actions;

5) make decisions in conflict situations;

6) identify and make suggestions on methods and methods for carrying out corrections and corrective actions in the units under review.

71. The Internal Auditor has the right to:

1) participate in the evaluation of the audit results at the end of the audit;

2) do not sign the audit report if it does not agree with the conclusions of the head of the audit team. In this case, the auditor must sign the report with a disclaimer of disagreement and express his dissenting opinion in writing in any form. The head of the audit group must draw up a «Conclusion on a special opinion» on the «Dissenting opinion», these documents are attached to the report.;

3) request the necessary audit documentation from the head (or employee) of the audited unit;

4) require the head of the unit under review to comply with the provisions of this document;

5) ask questions to any head and employee of the audited department regarding the activities being carried out;

6) inform the head of the audit team about the termination of the audit, due to the failure of the head of the audited department to provide the conditions for conducting the audit;

7) to propose recommendations on the implementation of corrective and preventive measures based on the audit report.

72. The Head of the audit team is responsible for:

1) performing all stages of the audit;

2) establishment and clarification of audit objectives;

3) fulfillment of duties and exercise of rights defined by this standard;

4) the objectivity of the assessment of audit results;

5) loss or damage of documentation provided by the department for verification;

6) the objectivity of the assessment of audit results;

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- 7) correct completion of audit documents (report, nonconformity registration sheets, etc.);
- 8) implementation of the audit procedures set out in this standard;
- 9) maintaining a businesslike, friendly environment during the audit.

15. STORAGE OF INTERNAL AUDIT DOCUMENTATION

73. The originals of internal audit documents (programs and plans for conducting internal audits of the QMS, nonconformity registration sheets, reports on the results of internal audits) are stored in the quality Management project office, in accordance with the procedure established by the Rules of Documentation, Information Management at the Conservatory and the Consolidated Nomenclature of Cases.

74. Electronic originals or copies of internal audit documents are stored in the audited units, in accordance with the procedure established by the Rules of Documentation, Information Management and the Consolidated Nomenclature of Cases.

16. THE PROCEDURE FOR MAKING CHANGES

75. Proposals to amend these Regulations are discussed at a meeting of the Academic Council and are adopted or canceled by a majority vote (at least 2/3 of the votes of the members of the Scientific Council present at the meeting).

76. Amendments to the Regulations are made only by decision of the Academic Council of the Conservatory on the basis of an official letter from the head of the Quality Management Project office, agreed with the Vice-Rector for Academic and Methodological Work.

77. Amendments to the Regulation are made in accordance with the requirements of the QMS with a mandatory mark in the «Change Registration Sheet».

78. Notices of changes in the Regulations are sent to all departments and responsible structural units of the Conservatory.

79. The original of the Regulations is kept in the documentation support department, and its scanned copy is posted on the official website of the Conservatory in the section corresponding to the work of the project office.

80. The distribution of copies of the Regulations to the structural divisions of the Conservatory is carried out by the Quality Management Project Office.

17. FINAL PROVISIONS

81. These Regulations, as well as amendments and additions to them, are approved by the Rector of the Conservatory and come into force after their approval.

82. The clauses of the Regulation are binding and may be amended or supplemented due to changes in regulatory documents, the appearance of new additional costs that are not taken into account by this document.

AGREED Vice-Rector for academic affairs _____ G. Abdirahman « ____ » _____ 20 ____	APPROVED Rector RSI «Kurmangazy Kazakh National Conservatory» MCI of the RK _____ G. Tasbergenova « ____ » _____ 20 ____
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INTERNAL AUDIT PROGRAMS
QMS FOR THE 2024-2025 ACADEMIC YEAR

№	Name of the unit being checked	Audit dates	The list of documents to be checked
1	2	3	4

Head of the audit group: _____ **Full name** « ____ » _____ **20**__ .
 (signature)

AGREED:

Director PQM, IA, SP _____ **Full name** « ____ » _____ **20**__ .
 (signature)

Head of the department under review: _____ **Full name** « ____ » _____ **20**__ .
 (signature)

APPROVED**Vice-Rector for academic affairs**_____**G. Abdirahman**«____» _____**20**____**FORM OF THE INTERNAL AUDIT PLAN**

Name Divisions	
Audit dates	
Chief Auditor	Full name, position
Auditors:	1. Full name, position 2.
Technical experts (if necessary)	1. Full name, position 2.
Regulatory documents related to the audit	

№	Date	Time	Event	Auditors	Head of the Department
1					
2					
3					

Notes:

The time is approximate and must be agreed with the structural unit before the audit begins.
Other departments may additionally be included in the audit plan at the discretion of the auditors.
The auditor's work requires an individual place for preparation, review and discussion.

Chief Auditor _____ **Full name** «____» _____ **20**__ .
(signature)

FORM OF THE NONCONFORMITY REGISTRATION SHEET (required)

Nonconformity registration sheet № _____

Подразделение _____

Filled in by the team leader the audit	Description of the discrepancy	
	Which requirements do not meet (name and paragraph of the regulatory document)	
	Repeatability of the discrepancy	☐ Primary discrepancy ☐ The discrepancy is repeated
	The need for an unscheduled audit	☐ yes ☐ no If «yes»: Date of the unscheduled audit « » 20__ .
	Head of the audit Group	_____ / _____ / « » 20__ г. signature Full name Data

Being filled in the head being checked divisions	The reason for the discrepancy		
	Corrective actions and/or correction		
	Period of execution		
	Responsible person		
	Head of the Department	_____ / _____ / « » 20__ . signature Full name Data	
Being filled in the head being checked structural divisions	Corrective action failed	Reasons:	Postponement of CD completion dates:
	Head of the Department _____ / _____ / « » 20__ г. signature Full name Data		
Director PQM, IA, SP _____ / _____ / « » 20__ г. signature Full name Data			

being filled in the head audit	Planned corrective actions/correction completed:	☐ no ☐ yes, to no avail Continuation – protocol № _____ ☐ yes, it's effective
	Head of the audit group	_____ / _____ / « » 20__ г. signature Full name Data

Director PQM, IA, SP _____ / _____ / « » 20__
 signature Full name Data

FORM OF THE OBSERVATION REGISTRATION SHEET (obligatory)

Observation registration sheet № _____
Division _____

Filled in by the head of the audit team	Description of the observation	
	Recommended actions	
	Head of the Audit Group	_____/_____/«__»____ 20__г. signature Full name Data

Director PQM, IA, SP ____/____/«__»____ 20__
signature Full name

Head of the department under review: ____/____/«__»____ 20__г.
signature Full name

THE FORM OF THE REPORT ON THE RESULTS OF THE INTERNAL AUDIT
(required)

Report on the results of the internal audit from _____ **№** _____

1. The basis of verification:

2. The unit under review: _____

3. Verification objects: _____

4. Date of verification: «____» _____ 20__.

5. Audit Group:

Head of the Audit Group _____
(position, initials, full name)

Auditors

(position, initials, full name)

(position, initials, full name)

(position, initials, full name)

6. Number of identified nonconformities: Numbers of nonconformity registration sheets:

7. Conclusions and recommendations:

8. Due date corrective actions: «_» _____ 20__
data

9. Sending the report:

Head of the audit Group: _____ / _____ / «____» _____ 20__
signature Full name

Auditors: _____ / _____ / «____» _____ 20__
signature Full name

Auditors: _____ / _____ / «____» _____ 20__
signature Full name

Auditors: _____ / _____ / «____» _____ 20__
signature Full name

AGREED:

Director PQM, IA, SP _____ **Full name** «____» _____ 20__
(signature)

Head of the department under review: _____ **Full name** «____» _____ 20__
(signature)

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APPROVED
Vice-Rector for academic affairs
G. Abdirahman

PLAN
CORRECTIVE AND PREVENTIVE ACTIONS

CORRECTIVE ACTIONS						
№	Incongruity	The reason for the discrepancy	Proposed corrective actions	Due date	Those responsible for the execution	Mark of completion
1	2	3	4	5	6	7

PREVENTIVE ACTIONS					
№	A proposal to improve the activities of the unit	Justification of the proposal	Responsible for execution	Period of execution	Mark of completion
1	2	3	4	5	6

**Head of the department
under review:**

_____/_____/ «__» ____ 20__
signature Full name

**Head of the audit
group:**

_____/_____/ «__» ____ 20__
signature Full name

APPROVED
Vice-Rector for academic affairs
G. Abdirahman

SHAPE
ACTION PLAN FOR THE ELIMINATION OF INCONSISTENCIES
BASED ON THE RESULTS OF THE INTERNAL AUDIT
BY PROCESS _____
(process name)

№	Event	Responsible	Due date	Reporting form
1				

Director PQM, IA, SP _____ **Full name** «__» _____ 20__
 (signature)

AUDIT QUESTIONNAIRE

«_____» _____ 20____

division name (audit object)

audit criteria

Item No.	Question	Full name and position of the interviewee	Audit certificate

The Auditor: _____ Last name and first name.

CHANGE SHEET

[illegible]

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FAMILIARIZATION SHEET

[illegible]

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