



CENTRE FOR COMMUNITY-DRIVEN RESEARCH

**January 2019 to December 2019**

**ANNUAL REPORT**

**Our mission** The Centre for Community-Driven Research (CCDR) is a non-profit organisation bringing much needed change to the way we think about community engagement in health and research.

Our mission is to drive a more person-centred health sector.

**Our vision** Our vision is to facilitate meaningful connection between service providers, research organisations, the non-profit sector, practitioners, industry, government and the communities for which they provide a service or aim to benefit.

CCDR listen to the issues that people (patients and carers), researchers, and healthcare and industry partners face and develop solutions - through community engagement - to solve those issues. We do this so that research, healthcare programs, policies and products being developed can reach the patients at the bedside sooner, and better address the needs patients and their families.

We have four clear goals at CCDR:

1. to provide a platform for patients and their families to engage in decisions about health
2. to conduct research so that we can understand patient experience and expectations, and inform future treatments, services, support and information. We provide the real, 'real world evidence'.
3. to test approaches to community engagement and community-based health service provision
4. to build capacity within the non-profit sector and raise the profile of the important role of patient organisations in the health system

To achieve our goals, we have four programs:

**The Personal Experience Expectations and Knowledge Program (PEEK) program**  
*Building a global repository of personal experience data*

***The National Patient Organisation Standing Committee (NPOSC) program***  
*Convening community health groups at a national level to provide guidance to stakeholders*

***The National Patient Organisation Network program (NPON) program***

*Networks of patient and community organisations as a part of the health system and health workforce*

***Piloting Community Engagement and Community-Based Health Delivery Approaches (Pilots)***  
*Testing different approaches to how people access care and engage in decisions about health*

## Our History

CCDR was launched in November 2012 and is dedicated to the late Professor Robert L. Sutherland AO FAA. Rob was a pioneer in translational research in Australia and internationally, and a visionary who adopted a ‘Bedside to Bench’ approach to cancer research.

As his youngest daughter Rebecca Sutherland explains,

“Dad thought that by listening to patients and clinicians at the bedside, scientists could identify the most important research questions to answer at the bench. The importance of working to achieve this ideal was reinforced throughout Dad’s own cancer treatment. It is this bedside to bench approach that we continue through the organisation in a number of ways, so that in the end, patients receive the benefits of research, sooner”

CCDR continues to be guided by Rob’s ‘bedside to bench’ approach by listening to the needs of the community and conducting research to address their needs.

There is a story behind every treatment, health policy, and clinical protocol breakthrough that we have today. The story begins with a patient and an unanswered question, an observation leading to research, and a discovery that is translated into clinical practice.

There are however many unanswered questions that research is yet to answer. For too many patients, treatment options are either not available or not accessible; but we will never find the answers if we aren’t asking the right questions. To give us the best chance of providing patients with timely access to treatments, health services and support, we need to ensure that we, as researchers, clinicians and decision-makers, are listening to the issues that patients are facing, to give us clues and direction for research and health service development. CCDR provides a platform for this to happen, for patients and their families to be heard.

It is a great honour to provide a closer connection between the research and health industries and the communities that they aim to benefit. At CCDR our definition of community includes patients, carers, clinicians, researchers, policy makers, industry, and all stakeholders that have a role to play in improving our health system and advancing medical research. It is less about ‘us and them’ and more about what we can do as a community that values the experience of patients and their families, the expertise of clinicians and researchers, and the contribution of industry.

From a small, local charity in Australia, continue to grow into a global health initiative to extend the value of our work and provide a place for people and organisations in various geographic locations to connect and learn from each other. However, we cannot do any of this work without patients and families that give their time to share their experience with us, and to those people we send a sincere and grateful thank you.

## **Our people**

Our local boards convene to form a global board, and together Boards and Standing Committees form a Global Advisory Network to inform the direction and maintain the integrity ICCDR's work.

The Swiss, UK and Australian country offices each has their own Constitution to adhere to local regulations. CCDR's Board is made up of individuals with expertise in grass-roots, community-driven programs, whose role is to ensure that our work remains true to our mission of driving a more person-centric health sector.

### **Board Members in 2019**

#### **Name**

Dr Briony Jones  
Dr Michael Hasenmueller  
Ms Rebecca Sutherland  
Ms Julianne Gardiner  
Ms Laura Holliday

## **What community-driven means to us**

In public health we rely on important data from hospital systems, registries and other forms of population data collection. At CCDR we value these data but aim to complement, enrich and validate it by speaking with people in the community about their experience in their local environment. We provide a platform for people to have their voice heard. In this sense, community-driven means that we are making the effort to go to people where they live and work, in their normal, everyday environment to listen to their experience with health and research, rather than only capturing information at the point of care or health service.

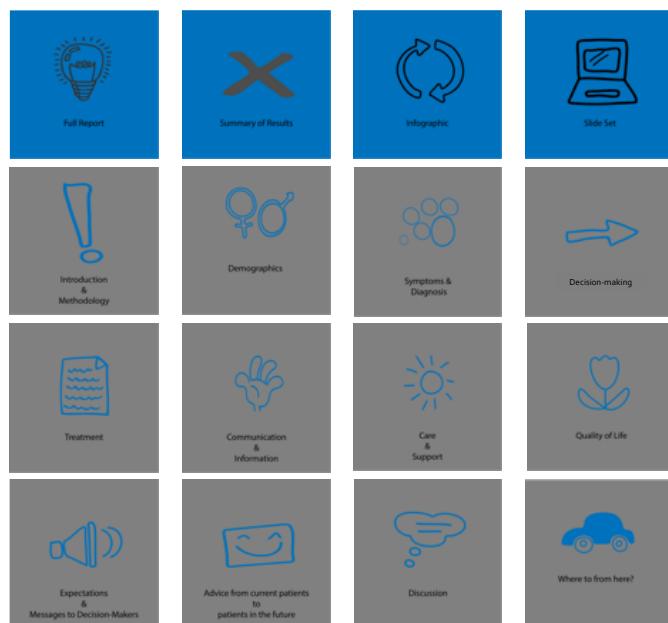
The questions we ask are also community-driven in that they focus on the aspects of life and care that are important to the community. It is different to market research or investigator-driven research as our work is largely hypothesis generating rather than hypothesis driven. This is another aspect of the community-driven approach. As our work generates hypothesis based on the experience, expectations and knowledge that people in the community have, our hope is that this information is used to drive decisions about future health service, research and policy decisions, creating a more person-centred health sector.

# PEEK REPORT

**Personal Experience, Expectations and Knowledge (PEEK)** is a research program developed by CCDR. The aim of PEEK is to conduct patient experience studies across several disease areas using a protocol that will allow for comparisons over time (both quantitative and qualitative components). PEEK studies give us a clear picture and historical record of what it is like to be a patient at a given point in time, and by asking patients about their expectations, PEEK studies give us a way forward to support patients with treatments, information and care. The majority of participants in PEEK studies have not participated in clinical trials.

PEEK studies currently include a quantitative and qualitative component. The quantitative component is based on a series of validated tools

including the Short Form 36, Partners In Health measure, Fear of Progression, and the Care Coordination and Care Navigation tool. The qualitative component is the result of two years of protocol testing by CCDR to develop a structured interview that solicits patient experience data and provides patients with the opportunity to provide advice on what they would like to see in relation to future treatment, information and care. In the structured interview that is done by telephone, participants are guided to recall their symptoms, diagnosis, treatments experienced, information and care received and experience in the health system. The last questions in the interview ask participants what they would like to see from future treatment, information, care and communication, and what their message to decision-makers is in relation to their condition.



Each study is presented in a consistent way on a dashboard. As each study is released, we add to a repository of patient experience data and reports. This means that everyone can access information about patient experience and use this to inform their work and drive more person-centred decisions.

**At the end of 2019 we had conducted**

# **1054 Structured interviews via telephone**

Participants in the interviews were representative of the following demographics



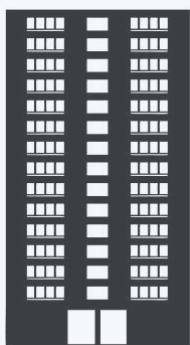
**52% University  
48% Trade/High school**



**High  
economic status  
51%**



**Mid to low  
economic status  
49%**



**61% Metropolitan**



**39% Rural/Regional**



**78%**



**22%**

And we gave a voice to people with the following conditions:

Amyloid cardiomyopathy  
Asthma  
Atopic Dermatitis  
Bladder Cancer  
Breast Cancer  
Crohn's and colitis  
Chronic Heart Failure

Chronic Kidney Disease  
Lung Cancer  
Mitochondrial Disease  
Ovarian Cancer  
Rheumatoid Arthritis  
Spinal Muscular Atrophy

# NPON & NPOSC REPORT

## Patient organisations: an underutilised resource in health systems

To really move forward and accept patient organisation feedback and recommendations seriously, we have to consider the infrastructure needed to support sustainability and independence in community engagement. When we talk about infrastructure we often think of the physical structures and systems needed to deliver health services, basic research, clinical trials and so on. What we do not often talk about is the infrastructure needed to create an environment that supports systematic and independent community engagement. This needs to part of the shift and the new language of community engagement in both health technology assessment and the health sector more broadly.

Patient organisations are the heart and soul of the health system. They provide linkage between the patients and families that they support, and government, researchers, clinicians, service providers, policy-makers and industry. The NPON and NPOSC programs provide a space for patient organisations that work at the grass-roots level, to come together – free from distraction – to develop solutions that work best for their patient populations. Where other networks tend to focus on advocacy, the NPON and NPOSC programs are more about developing practical solutions to health system challenges and actively designing systems and policies that work better for patients and their families.

## The Australian Patient Organisation Network: Pilot

The best way to describe the NPON and NPOSC programs is to provide an example of a pilot that CCDR initiated in Australia as this is the model that we hope to replicate in Switzerland, Germany, France and Austria.

In 2016 CCDR conducted an audit of patient organisations in Australia and then in April 2017 called for an expression of interest for groups to join a National Patient Organisation Standing Committee. A Committee of ten organisations was formed and convened in July 2017. The Committee held a series of meetings in 2017/2018 and discussed the most important challenges that patients in their community are facing. The Committee then met with the Hon Greg Hunt MP, Australian Federal Minister for Health in April 2018 to discuss these important issues and the Minister responded by inviting a proposal from CCDR to address the issues raised. The proposal was called ‘Patient Pathways’.

In January 2019 the Hon Greg Hunt MP, Australian Federal Minister for Health, announced the [Patient Pathways](#) program. The Australian Patient Organisation Network (APON) is part of this program where CCDR were given the task of bringing together the patient organisation community across Australia.

Australia has a vibrant health charity sector and the first APON Conference was convened in May 2019 to support the sector and strengthen its impact through collaboration.

The APON conference will occur annually and all patient organisations and health charities in Australia are welcome to be part of this initiative free of charge. Throughout the year, CCDR provide a platform to support APON members so that organisations are strengthened and so that we have a cohesive and collaborative non-profit sector that can be leveraged to address common goals. Importantly, it is a place to support those working in patient organisations as their roles can be isolating, lonely and emotionally taxing. It also means that we now have the infrastructure in place for stakeholders to routinely engage with patient organisations, without having to develop ad-hoc systems or initiatives.

Since the inaugural conference was held in Sydney in 2019, a formal Australian Patient Organisation Network (APON) of close to 100 organisations has formed with interest groups discussing broad-ranging challenges concerning health systems, new technologies, clinical trials, access to treatments and services, and how we support vulnerable populations. Throughout the year, webinars are held to dissect the issues and these conversations are taken through to the annual conference where we focus on creating solutions to health system challenges.

To ensure equity, we invite all patient organisations – large and small – to be part of APON. It is particularly important for those organisations that have demonstrated expertise and experience to be involved, so we can share those learnings across the sector.

APON is overseen by the Australian Patient Organisation Standing Committee (APOS). CCDR's role is to then facilitate and operationalise the action items that come through APON. In this sense, CCDR act as the APON secretariat.

The report from the inaugural APON conference and resulting program of work is available at [www.ccdr.org/networks/apon](http://www.ccdr.org/networks/apon) This includes the development of central systems for patient engagement and the development of tools and resources for patient organisations.

### **Adaptation to other settings and countries**

The process that we will take going forward to adapt these programs over a three year period in other countries:

**Step 1:** CCDR will conduct an audit of patient organisations in the relevant country. This will give us a picture of the patient-organisation capacity within each country and then allow us to alert all

organisations to the NPON and NPOS opportunities. The latter is particularly important as it ensures that both large and small organisations have equal access to the opportunity to participate. This would be an ongoing piece of work over three years. In year one we would identify the patient organisations that exist and review this annually. In year two we will conduct consultation to understand the type of work that each organisation does and classify organisations accordingly. In year three we would develop a report on how patient organisations in each country contribute to health system strengthening and identify opportunities for future more systematic community engagement across the sector.

**Step 2:** CCDR will open up an expression of interest for patient organisations who wish to be part of their NPOS. The process for selecting the participating organisations would be transparent and based on having a healthy mix of large and small organisations as well as organisations that represent a variety of conditions.

**Step 3:** CCDR will convene a NPOS in each country and work with that group to identify key issues or challenges and understand how they would like to set up their NPON. We envisage that a NPON meeting would then be convened in year two of the program.

CCDR will provide secretariat support each of the NPOSes and NPONs including meeting coordination and facilitation as well as back-end research and project work as ideas are developed by the committee.

# PILOT REPORT

## Patient Pathways Telehealth Pilot

Following the announcement of the Patient Pathways program in January 2019, a call for expression of interest was released to identify patient organisations that wanted to participate in the pilot.

There were over 30 applications received and these were reviewed by an independent review panel, including an observer to ensure that all decisions were aligned with the published grant criteria.

The following disease areas were successful and will be supported for three years to participate in the Patient Pathways program:

- Cerebral Palsy
- Crohn's & Colitis
- Eating Disorders
- Myalgic encephalomyelitis/Chronic Fatigue Syndrome

CCDR also developed an online, secure portal for Patient Pathways partners (see right). This is a place where they can log database change requests, register for clinical supervision, make suggestions for education and in-service opportunities and contribute to discussion boards. CCDR are also developing tools and resources such as support in linking patients with clinical trials. This is also where we store our quarterly network updates and newsletters.

Going forward we will continue to support the nurses and organisations with regular in-service and clinical supervision opportunities, as well as ongoing adaptation of the protocol and database. We are currently looking at ways to streamline operations even further and will also look at the tools and resources that the nurses need.

- Genetic diseases
- Bone Marrow Failure Syndromes
- Metabolic Dietary Disorders
- Mitochondrial disease
- Pancreatic cancer
- Duchenne and Becker Muscular Dystrophy
- Tuberous Sclerosis

During late 2018 and early 2019, CCDR had developed a draft protocol and worked with a database developer to create a data collection system for each of the organisations to work with. Each organisation was provided with the chance through a one-on-one consultation to adapt the protocol to their needs. Once all eleven organisations had submitted their adaptations, the protocols were finalised and changes to each organisation's database were made. Nurses began consultations with patients in August 2019.

The screenshot shows a user interface for a digital platform. At the top left is a thumbnail for a 'SPRING UPDATE' video featuring white flowers. To its right is a video player showing a play button and a progress bar from 00:00 to 01:33. Below these are five circular icons: 'TOOLS' (laptop with wrench), 'SUPPORT & DEVELOPMENT' (two people talking), 'WEEKLY REPORTING' (smartphone with hand), 'GOVERNANCE' (magnifying glass), and 'NETWORK' (group of people). A blue banner at the bottom left reads 'Important dates'. Underneath it, two events are listed: '4 December Perth Network launched in Melbourne, Sydney and Perth' and '18 December Clinical supervision with Marcus (1.00pm)'. At the bottom right is a icon of a coffee cup with the text 'Discussion Board Have a chat'.

**CENTRE FOR COMMUNITY DRIVEN RESEARCH  
ABN: 44 161 440 615**

**FINANCIAL REPORT**

**FOR THE YEAR ENDED**

**31 DECEMBER 2019**

Liability limited by a scheme approved under  
Professional Standard Legislation

**CENTRE FOR COMMUNITY DRIVEN RESEARCH**  
**ABN: 44 161 440 615**

**Profit and Loss Statement**  
**For the year ended 31 DECEMBER 2019**

	1 Jul 2018-31 Dec 2019	1 Jul 2017-30 Jun 2018
<b>INCOME</b>		
Government Grant	1,560,000.00	
Sponsorships and non-government grants	355,750.00	472,954.00
Donations and bequests	2,380.84	4,651.16
<b>Total Income</b>	<b>1,918,130.84</b>	<b>477,605.16</b>
<b>EXPENSES</b>		
Accounting & Bookkeeping	14,554.44	920.00
Advertising & Marketing	15,537.64	0.00
Annual Conference	62,417.76	0.00
Bank fees and Charges	502.70	56.12
Community engagement event	2,875.24	4,955.24
Community grants	354,553.19	14,140.73
Computer and Software	18,846.85	0.00
Consultant cost	26,278.74	20,937.33
Depreciation	4,366.00	0.00
Gas and electricity	1,678.25	789.54
Entertainment	316.40	0.00
Insurance	3,424.97	1,574.76
Internet & telephone expense	17,593.74	5,183.14
Legal & Professional fees	3,076.84	784.52
Office expenses	4,420.61	5,219.78
Postage & Couriers	247.36	0.00
Rent on Premises (Geneva)	2,226.65	8,261.96
Rent on Premises (Sydney)	37,654.15	22,527.68
Research cost	726,285.72	61,558.61
Travelling, Accom & Conference	22,305.30	3,106.35
Wages and Salary	153,261.52	252,242.79
Superannuation	13,648.16	23,682.72
Workers Comp	347.23	0.00
<b>Total Expenses</b>	<b>1,486,419.46</b>	<b>425,941.27</b>
<b>Business operation profit</b>	<b>431,711.38</b>	<b>51,663.89</b>

The accompanying notes form part of these financial statements.  
These statements should be read in conjunction with the attached compilation report of Datawise Accountant Pty Ltd

**CENTRE FOR COMMUNITY DRIVEN RESEARCH**  
**ABN: 44 161 440 615**

**Profit and Loss Statement**  
**For the year ended 31 DECEMBER 2019 (Continued)**

	<b>1 Jul 2018-31 Dec 2019</b>	<b>1 Jul 2017-30 Jun 2018</b>
<b>OTHER INCOME AND EXPENSES</b>		
<b>Other income</b>		
Interest Received	0.12	
<b>Other expenses</b>		
Interest Paid	1.14	
<b>Net Other Income and expenses</b>	<b>-1.02</b>	<b>0.00</b>
<b>Profit before income tax</b>	<b>431,710.36</b>	<b>51,663.89</b>

The accompanying notes form part of these financial statements.  
 These statements should be read in conjunction with the attached compilation report of Datawise Accountant Pty Ltd

**CENTRE FOR COMMUNITY DRIVEN RESEARCH**  
**ABN: 44 161 440 615**

**BALANCE SHEET AS AT 31 DECEMBER 2019**

	31-Dec-19	30-Jun-18
	\$	\$
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
<b>Cash Assets</b>		
Cash and equivalents	539,251.34	74,681.19
Accounts Receivable	27,500.00	88,000.00
Prepayments	10,201.00	0.00
<b>TOTAL CURRENT ASSETS</b>	<b>576,952.34</b>	<b>162,681.19</b>
<b>NON-CURRENT ASSETS</b>		
<b>Fixed Assets</b>		
Computer Equipment	11,051.41	0
Less Accu Dep on Computer		
Equipment	<b>(3,254.00)</b>	0
Office Equipment	9,514.55	0.00
Less Accu Dep on Office Equipment	<b>(1,112.00)</b>	0.00
<b>TOTAL CURRENT ASSETS</b>	<b>16,199.96</b>	<b>0.00</b>
<b>TOTAL ASSETS</b>	<b>593,152.30</b>	<b>162,681.19</b>

The accompanying notes form part of these financial statements.

These statements should be read in conjunction with the attached compilation report of Datawise Accountant Pty Ltd

**CENTRE FOR COMMUNITY DRIVEN RESEARCH**  
**ABN: 44 161 440 615**

**BALANCE SHEET AS AT 31 DECEMBER 2019**  
**(Continued)**

	31-Dec-19	30-Jun-18
	\$	\$
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
<b>Tax Liabilities</b>		
BAS owing	3,111.00	484.02
GST Paid & Collected	<b>(8,067.54)</b>	0.00
<b>Other Liabilities</b>		
Accounts Payable	4,058.84	19,535.00
Misc Owing	1,278.98	523.12
Prepaid Income	25,000.00	0.00
Payable to employee	0.00	386.70
Superannuation Payable	499.81	6,191.50
<b>TOTAL CURRENT LIABILITIES</b>	<b>25,881.09</b>	<b>27,120.34</b>
<b>TOTAL LIABILITIES</b>	<b>25,881.09</b>	<b>27,120.34</b>
<b>NET ASSETS</b>	<b>567,271.21</b>	<b>135,560.85</b>
<b>EQUITY</b>		
Current Year Earning	431,710.36	51,663.89
Retained earnings	135,560.85	83,896.96
<b>TOTAL EQUITY</b>	<b>567,271.21</b>	<b>135,560.85</b>

**CENTRE FOR COMMUNITY DRIVEN RESEARCH  
ABN: 44 161 440 615**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

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**1 Summary of Significant Accounting Policies**

**Basis of Preparation**

These financial statements are special purpose financial statements that have been prepared in order to meet the needs of the business. The financial statements have been prepared in accordance with significant accounting policies disclosed below which the director has determined are appropriate to meet the purposes of preparation. Such accounting policies are consistent with the previous period unless stated otherwise.

The financial statements have been prepared on **an accrual basis** and the accounting policies that have been adopted in the preparation of these statements are as follows:

**Property, Plant and Equivalents**

Property, plant and equipment are carried at cost. All assets excluding freehold land, are depreciated over their useful lives to the company.

**Cash and cash equivalents**

Cash and cash equivalents comprise cash on hand, demand deposit and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value. Bank overdrafts also form part of cash equivalents for the purpose of the statement of cash flows and are presented within current liabilities on the balance sheet.

**Goods and Services Tax (GST)**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

**Accounting Period**

The entity changed reporting period from 1 July to 30 June to 1 Jan to 31 Dec after 30 Jun 2018. This report is the first time to display this conversion. Therefore, it covers 18 months transactions which are from 1 July 2018 to 31 December 2019.

**CENTRE FOR COMMUNITY DRIVEN RESEARCH  
ABN: 44 161 440 615**

**DIRECTOR 'S DECLARATION**

The director has determined that the company is not a reporting entity and that this special purpose financial report should be presented in accordance with the accounting policies described in Note 1 to the financial statements.

The director of the company declares that:

1. The financial statements and notes, as set out on pages 1 to 7, are in accordance with the Corporations Act 2001 and:
  - (a) Comply with Accounting Standards as stated in Note 1; and
  - (b) Give a true and fair view of the company's financial position as at 31 DECEMBER 2019 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
2. In the director's opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the director.



**Director:** \_\_\_\_\_  
**Dr Michael Hasenmueller**

**Dated:** 1 August 2020

**CENTRE FOR COMMUNITY DRIVEN RESEARCH  
ABN: 44 161 440 615**

We have compiled the accompanying special purpose financial statements of Center for Community Driving Research which comprise the balance sheet as at 31 DECEMBER 2019, profit and loss statement for the year then ended, a summary of significant accounting policies, other explanatory notes and the additional information contained in the detailed profit and loss.

The specific purpose for which the special purpose financial statements have been prepared is set out in Note 1.

**The responsibility of the director**

The director is solely responsible for the information contained in the special purpose financial statements and has determined that the basis of accounting used is appropriate to meet their needs and for the purpose that the financial statements were prepared.

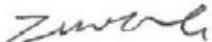
**Our responsibility**

On the basis of the information provided by the director, we have compiled the accompanying special purpose financial statements in accordance with the APES 315: Compilation of Financial information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the director provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The special purpose financial statements were compiled exclusively for the benefit of the director. We do not accept responsibility to any other person for the contents of the special purpose financial statements

**Name of Firm:** Datawise Accountant Pty Ltd

**Name of Partner:**   
Cathy Zuo

**Address:** 1 Provincial Road, Lindfield NSW 2070

**Dated:** 25<sup>th</sup> July 2020



**CENTRE FOR COMMUNITY-DRIVEN RESEARCH LTD**

**(a Company Limited by Guarantee)**

**REVIEWER'S INDEPENDENCE DECLARATION UNDER DIVISION 60-40 OF THE AUSTRALIAN  
CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012  
TO THE BOARD OF CENTRE FOR COMMUNITY-DRIVEN RESEARCH LTD**

I declare that to the best of my knowledge and belief, in relation to the review of Centre For Community-Driven Research Ltd for the period ended 31 December 2019, that there have been:

- i) no contraventions of the reviewer independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the review, and
- ii) no contraventions of any applicable code of professional conduct in relation to the review.

*Brenton Cox*

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**BRENTON COX, CPA No. 2139262**

**Principal, nfp finances**

27 July 2020

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**DATED**



**CENTRE FOR COMMUNITY-DRIVEN RESEARCH LTD**  
**(a Company Limited by Guarantee)**

**INDEPENDENT REVIEWER'S REPORT FOR THE PERIOD ENDED 31 DECEMBER 2019**

*Opinion*

I have reviewed the financial statements of Centre For Community-Driven Research Ltd for the period ended 31 December 2019, comprising the profit and loss statement, balance sheet and notes to the financial statements, including a summary of significant accounting policies and the director's declaration.

In my opinion, the financial statements of Centre For Community-Driven Research Ltd are in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- giving a true and fair view of Centre For Community-Driven Research Ltd's financial position as at 31 December 2019 and of its performance for the period ended on that date, in accordance with the accounting policies described in Note 1; and
- complying with the accounting policies to the extent described in Note 1 and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

*Basis for Opinion*

I conducted my review in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Reviewer's Responsibilities for the Review of the Financial Report* section of my report. I am independent of Centre For Community-Driven Research Ltd in accordance with the reviewer independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to my review of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the review evidence I have obtained is sufficient and appropriate to provide a basis for my opinion. I was provided with all information, explanations and assistance needed to conduct the review. The organisation has maintained good financial records to enable a financial report to be prepared and reviewed.

*Responsibility of the Directors for the Financial Report*

The directors of Centre For Community-Driven Research Ltd are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the financial reporting requirements of the



members and of the *Australian Charities and Not-for-profits Commission Act 2012*. The directors' responsibility also includes such internal controls as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so. The directors are responsible for overseeing the company's financial reporting process.

*Reviewer's Responsibilities for the Review of the Financial Report*

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue a reviewer's report that concludes my opinion. Reasonable assurance is a high level of assurance, but it is not a guarantee that a review conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

**Brenton Cox**  
**Auditor**  
2/30 Military Road  
West Beach SA 5024

*Brenton Cox*

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**BRENTON COX, CPA No. 2139262**

**Principal, nfp finances**

27 July 2020

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**DATED**