



APPLICATION FOR CERTIFICATION

ORGANISATION DETAILS

Business Name (Legal Entity)			
Registered Business Trading Name (if different from above)		ACN and/or ABN	
Organisation's Management System Representative	Name:		
	Position:		
	Phone:	Mobile:	Fax:
	E-mail:		
Site Address	Street:		
	Suburb:	State:	Postcode:
Postal Address	Number and Street Name or Post Office Box Number		
	Suburb:	State:	Postcode:

****If more than one site is to be audited/certified please complete an application form for EACH Site.**

CERTIFICATION PROGRAM & REQUIREMENT DETAILS

(Select from List of standard/programs and add where not listed)

<input type="checkbox"/> SQF	<input type="checkbox"/> FRESHCARE	<input type="checkbox"/> WQA	<input type="checkbox"/> AAWCS
<input type="checkbox"/> BRC	<input type="checkbox"/> FRESHCARE ENV	<input type="checkbox"/> COLES	<input type="checkbox"/> NTH AMERICAN
<input type="checkbox"/> GLOBALG.A.P.	<input type="checkbox"/> FRESHCARE VIT	<input type="checkbox"/> ALDI	
<input type="checkbox"/> GLOBALG.A.P. GRASP		<input type="checkbox"/> COSTCO	
<input type="checkbox"/> ORGANIC	<input type="checkbox"/> BQUAL	<input type="checkbox"/> MCD SQMS	<input type="checkbox"/> SEDEX Smeta
<input type="checkbox"/> AWPCS (ISPM15)		<input type="checkbox"/> SPOTLESS	
<input type="checkbox"/> HACCP (or Certificate)			

Additional Programs: _____

HARPS - please tick this box and select the external standard above and retailers below (BRC, SQF, GLOBALG.A.P. or FRESHCARE)
 WW COLES ALDI COSTCO METCASH

If Freshcare, please provide crops & Harvest months:

MANAGEMENT SYSTEMS DETAILS

When do you expect to be ready for audit?	Annual Audits:
	Bi-Annual:
Are you currently certified to any Food Safety Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently certified by AUS-QUAL or another Certification Body? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If by another Certification Body, please provide details and supply ALL Previous Audit Reports and Certificates to AUS-QUAL Pty Ltd)</small>	Certification Body:
	Program/s (e.g. Food Safety):
	Certificate Expiry Dates:

GENERAL BUSINESS DETAILS



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1. What products/services do you produce/provide? e.g. Fresh Produce; Wine; Chocolates, Meat	
2. Are the products you produce considered to be low, medium or High Risk/High Care e.g. low, to be cooked or High, cooked ready to eat	
3. What type of Operation do you manage/run? e.g. Grower/Packer/Distributor/Processor/Manufacturer or Broker	
4. What personal protective equipment/vaccinations do visitors to your premises require?	
5. What services do you sub-contract or purchase?	
6. What Consultant services (if any) do you use?	
7. Are all Workers fluent in English? If not please indicate the number, their role and which languages they are speak.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Number of Employees	Fulltime: _____ Part-Time/Labour Hire: _____ Contractors: _____ Sub-Contractors: _____
9. How many sites are included in this audit?	
10. A. Manufacturing Site Size: Facility size (m2) What is the approximate size of the site(s) to be included in the proposed scope? This relates to the manufacturing floor area, including any separate facilities such as engineering, amenities and storage B. Horticulture Sites Size: Facility size (m2) Are there any additional Growing Sites included in the certification? Please include all address	
12. Do you interface with any Regulatory Agencies/ Authorities (e.g. DPI, Department of Agriculture (DOA) – formerly known as AQIS) when implementing your management system? If so, please provide a list.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you undertake shift work? If so please identify the shift pattern and approximate number of Shift Workers.	
TERMS AND CONDITIONS	
1. The applicant warrants the details provided in this application are correct. 2. The applicant agrees to comply with all Conditions of Certification (including Rules and Procedures of the relevant Standard/s, use of Marks Licence, Fees and Charges etc as applicable). 3. The applicant acknowledges that a contract for the supply of Certification Services will exist upon AUS-QUAL Pty Ltd's acceptance of this application and the applicant's acceptance of AUS-QUAL's proposal.	
Signature of Applicant or Authorised Officer	
Full Name of Signatory	
Title of Signatory	
Date	

AUS-QUAL PRIVACY STATEMENT

The information being collected may be personal information. AUS-QUAL Pty Ltd collects this information for the purpose of providing auditing services as contracted by the client only. AUS-QUAL Pty Ltd respects the privacy of individuals. Generally AUS-QUAL Pty Ltd does not release personal information. However, in response to a legal requirement, in an emergency or in exceptional circumstances the Chairperson may at their discretion authorise the release of personal information. In all other circumstances the AUS-QUAL Pty Ltd privacy policy governs the collection, the use and disclosure of personal information.