



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 Name:-		
	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 please attach a list of the Address, Contact Numbers and Contact Names of these sites.

CERTIFICATION PROGRAM DETAILS

Certification Requirements (List Programs and/or Standards) e.g. BRC, SQF, WQA, HACCP, Coles, Organic, AWPCS, GLOBALG.A.P., QMS, ISO 9001, ISO 22000, B-Qual, Spotless, ALDI, Costco, Freshcare.	
Note: If Freshcare please provide crops & harvest months. Please provide details.	

GENERAL BUSINESS DETAILS

1. What products/services do you produce/provide? e.g. Fresh Produce; Wine; Chocolates, Meat	
2. What type of Operation do you manage/run? e.g. Grower/Packer/Distributor/Processor/Manufacturer or Broker	
3. What personal protective equipment/vaccinations do visitors to your premises require?	
4. What services do you sub-contract or purchase?	
5. What Consultant services (if any) do you use?	



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6. 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		
7. Number of Employees	Fulltime: Part-Time/Labour Hire: Contractors: Sub-Contractors:		
8. What is the approximate size of the site(s) to be included in the proposed scope?			
9. Do you interface with any Regulatory Agencies/ Authorities (e.g. DPI, AQIS) when implementing your management system? If so, please provide a list.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Do you undertake shift work? If so please identify the shift pattern and approximate number of Shift Workers.			
MANAGEMENT SYSTEMS DETAILS			
When do you expect to be ready for audit?			
Are you currently certified by AUS-QUAL or another Certification Body?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes please provide details below)		
	Certification Body:-		
	Program (e.g. Food Safety):-		
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Certificate No:-</td> <td style="border: none; width: 40%;">Expiry Date:-</td> </tr> </table>	Certificate No:-	Expiry Date:-
Certificate No:-	Expiry Date:-		
TERMS AND CONDITIONS			
<ol style="list-style-type: none"> 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.