

# F47 Client Application for Certification



## 1. Client Details

For a formal written quotation of audit fees, please complete in detail and forward to our office.

<b>Company or Organisation Name</b>			
<b>Address</b>			
<b>Client ID</b>		<b>Phone</b>	
<b>Website</b>		<b>Email</b>	
<b>Contact</b>		<b>Position</b>	

### 1.1. For New Clients

Please indicate your reason for this application.

<input type="checkbox"/> We are a new company/organisation seeking certification.	<input type="checkbox"/> We wish to transfer our certification registration from another Certified Accreditation Body (Please complete sec. 1.1.1 below)
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#### 1.1.1. Certification Transfer Details

<b>CAB Transferring Certification (Include Legal Entity name)</b>	
<b>CAB Name</b>	
<b>Contact Name</b>	
<b>Contact Details</b>	
<b>Date of last completed Audit: (Recertification/Surveillance/Maintenance)</b>	Week commencing:
<b>Outstanding Nonconformances</b>	
<b>Date next Audit due (Recertification/Surveillance/Maintenance)</b>	Week commencing:
<b>Certificate Expiry Date</b>	

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## 1.2. For Established Clients-Notice of change

Do you wish to do any of the following?	
<input type="checkbox"/> Extend the Scope of your registration	<input type="checkbox"/> Add a new standard to your registration
<input type="checkbox"/> Reduce the scope of your registration	<input type="checkbox"/> Transfer your registration from another Certified Accreditation Body Other
<input type="checkbox"/> New legal, commercial or organisational status or ownership	<input type="checkbox"/> New sites opened
<input type="checkbox"/> Changes to Board or key managerial staff	<input type="checkbox"/> New Head office
<input type="checkbox"/> Major changes to the management system and processes	<input type="checkbox"/> Other

## 1.3. Standard(s) applicable to your application

Please indicate Standards(s) in scope as appropriate

<input type="checkbox"/> ISO 9001	<input type="checkbox"/> HSQS	<input type="checkbox"/> Other
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## 1.4. Length of Certification(s)

How long has your company/organisation-maintained certification to

<input type="checkbox"/> ISO 9001 _____ years	<input type="checkbox"/> HSQF _____ years	<input type="checkbox"/> Other _____ years
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## 1.5. The current scope of Certification for your company /organisation

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## 1.6. Main processes and/or service operations delivered at your sites/outlets

Please indicate main departments or sections.

## 1.7. Types of Work undertaken at your sites/outlets

Please detail the type of work carried out at each site or outlet.

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## 1.8. Branch(es), Outreach or Virtual Sites/Office(s)

Please provide full details of addresses, full time equivalent (FTE) numbers of staff and activities undertaken at these locations (add extra pages as required).

Site Name	Site Address	Number of Staff FTE	Activities/programs delivered at this site

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## 1.9. Materials and Equipment

Please provide details of the main materials and equipment located at your premises if appropriate e.g. Chemicals, Computers, Heating Oil, Paper, Computers, Lathes.

## 1.10. Product or Services Provided

Please provide a description of your product lines and/or services provided to your customers.

## 1.11. Registrations

Does your organisation currently have any other certification registrations granted by QIP Certifications or other certification bodies?  Yes/ No

If YES, please provide certificate number(s) and expiry date(s):

Certification Body	Certification Type	Registration Number	Expiry Date

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## 1.12. Participants/Consumers

For Human Services certification activities, the auditors are required to interview a sample of your participants/consumers.

Please tell us how many participants/consumers access your human or community service programs?

Service name	Site address	Number of participants	Program name	Program Code(s)

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## 1.13. Child Protection Placement Services

If you are providing placement services for any children under contracts with the Department of Child Safety please advise here

Family Based Service Types		No of children	Non-Family Based Service Types		No of children
<b>FKC-NDC</b>	Foster and Kinship Care with No Direct Care		<b>RC</b>	Residential Care	
<b>SH-FKC-NDC</b>	Safe House Foster and Kinship with No Direct Care		<b>SH-RC</b>	Safe House Residential Care	
<b>FKC-DC</b>	Foster and Kinship Care with Direct Care		<b>TRC</b>	Therapeutic Residential Care	
<b>SH-FKC-DC</b>	Safe House Foster and Kinship Care with Direct Care		<b>SH-TRC</b>	Safe House Therapeutic Residential Care	
<b>IFC-NDC</b>	Intensive Foster Care with No Direct Care		<b>SIL</b>	Supported Independent Living	
<b>SH-IFC-NDC</b>	Safe House Intensive Foster Care with No Direct Care		<b>SH-SIL</b>	Safe House Supported Independent Living	
<b>IFC-DC</b>	Intensive Foster Care with Direct Care				
<b>SH-IFC-DC</b>	Safe House Intensive Foster Care with Direct Care				

## 1.14. Employees

How many employees are involved in the scope applied for? Add extra lines as required.

Site	Program	Full time	Part time	FTE

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## 1.14.1. Shift Employment

Do you operate any shift work rosters?  Yes/ No

If yes, how many sites in scope operate with rostered shifts? \_\_\_\_\_

If yes, how many employees are engaged in shift work at each site in scope? \_\_\_\_\_

*\*Please note if Sections 1.12 and 1.13 are incorrect, an accurate quote cannot be calculated.*

## 1.15. Consultancy

Has a consultant been engaged to assist with improvement to your management system?

Yes/ No

If yes, how long ago? \_\_\_\_\_ Please provide details:

## 1.16. Additional Information

Please provide any important additional information that could assist us to prepare your Certification Quote? (Include details of any outsourced processes, brokerage arrangements or subcontracting etc.)

## 1.17. For New Clients

How did you hear about QIP Certifications?



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## 2. Signature

The above details help us provide an accurate quotation. All information is treated with strict confidentiality.

Name	
Position	
Signature	
Date	

\_\_\_\_\_

## 3. Forward your application

You can send your completed application by:

Post	<i>Quality Innovation Performance Certifications Pty Ltd</i> Level 1, 20 Railway Terrace, Milton, QLD, 4064
Email	<a href="mailto:contact@qipcertifications.com.au">contact@qipcertifications.com.au</a>
Fax	07 3876 6373