

F121 Client Application for Certification-HSQF

1. Client Details

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

Company or Organisation Name:			
Address:			
Client ID:		Phone	
Website:		Email	
Contact:		Position	

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)
---	--

1.1.1. Certification Transfer Details

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

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"/> HSQS	<input type="checkbox"/> Other: _____
-------------------------------	---------------------------------------

1.4. Length of Certification(s)

How long has your company / organisation-maintained certification to:

<input type="checkbox"/> HSQF: _____ years	<input type="checkbox"/> Other: _____ years
--	---

1.5. Please detail the current scope of Certification for your organisation.

1.6. What are the main services and operations delivered by your organisation

Please provide information about your main operations and the services you offer.

1.7. Type of services undertaken at all your sites and/or outlets

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

[Please add more sites as necessary and any outreach or virtual sites].

Site name and address	Service types delivered there

F121 Client Application for Certification-HSQF



F121 Client Application for Certification-HSQF

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	No. Staff FTE	Activities/programs delivered at this site

F121 Client Application for Certification-HSQF

Site Name	Site Address	No. Staff FTE	Activities/programs delivered at this site

F121 Client Application for Certification-HSQF

1.9. Materials and Equipment

Please provide details of the main materials and equipment located at your services as appropriate, e.g., Computers, laptops, tablets, buildings, vehicles, office equipment, paper, inks and perishables etc

1.10. 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

F121 Client Application for Certification - HSQF

1.11. 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 current participants	Program name [service investment specification]	Program Code(s) [service type]

F121 Client Application for Certification - HSQF

Service name	Site address	Number of current participants	Program name [service investment specification]	Program Code(s) [service type]

F121 Client Application for Certification - HSQF

1.12. Child Protection Placement Services only

If you are applying for certification of Child Protection placement services for children under contracts with the Department of Child Safety, Youth and Women please detail below:

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

F121 Client Application for Certification - HSQF

1.13. Shift Employment

Do you operate any shift work rosters at sites? ☐ 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 1.8, 1.11 and 1.12 are incorrect, an accurate quote cannot be calculated.*

1.14. Use of Consultants

Has a consultant been engaged to assist with improvement to your management system? ☐ Yes / ☐ No

If yes, how long ago? _____

Please provide details:

1.15. Additional Information

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

F121 Client Application for Certification - HSQF

1.16. For New Clients

How did you hear about QIP Certifications?

QIP Certifications Website	<input type="checkbox"/>	Recommendation from colleague/peak body	<input type="checkbox"/>
AGPAL Website	<input type="checkbox"/>	Recommendation from consultant/other	<input type="checkbox"/>
QIP Certifications Brochure	<input type="checkbox"/>	Conference information or contact	<input type="checkbox"/>
AGPAL National Development Team	<input type="checkbox"/>	Search Engine – Google or Bing etc.	<input type="checkbox"/>

2. Signature

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

Name:	
Position:	
Date:	

3. Forward your application

You can send your completed application by:

Post	Quality Innovation Performance Certifications Pty Ltd PO Box 2058, Milton, QLD, 4064
Email	<a href="mailto:<contact@qipcertifications.com.au>"><contact@qipcertifications.com.au>
Fax	07 3876 6373