

## 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

CAB Transferring Certification: (Include Legal Entity name)	
<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>	

## 1.2. For Established Clients-Notice of change

Do you wish to do any of the following?	Provide details of change
<input type="checkbox"/> Extend the Scope of your registration	<provide details at 1.5>
<input type="checkbox"/> Reduce the scope of your registration	<provide details at 1.5>
<input type="checkbox"/> New legal, commercial or organisational status or ownership	<provide details of old and new status>
<input type="checkbox"/> Changes to Board or key managerial staff	<provide details of changes to key staff>
<input type="checkbox"/> Major changes to the management system and processes	<provide details of changes >
<input type="checkbox"/> Add a new standard to your registration	<provide details of new standard and details of scope at 1.5>
<input type="checkbox"/> Transfer your registration from another Certified Accreditation Body Other	<reason for transfer>
<input type="checkbox"/> New sites opened	<provide details at 1.7>
<input type="checkbox"/> New Head office	<provide details at 1.7>
<input type="checkbox"/> Other	<provide details>

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

Please indicate Standards(s) in scope as appropriate.

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



# 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 rows/pages as required)

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

## 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

# F121 Client Application for Certification - HSQF

## 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

## 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? Add rows/attached details as required.

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
<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				

*\*Please note if Sections 1.8, 1.11 and 1.12 are incorrect, an accurate quote cannot be calculated.*

# 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? \_\_\_\_\_

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## 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:	
Signature:	
Date:	

## 3. Forward your application

You can send your completed application by:

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