

Quality Assurance Framework

Quality Principles Quality Auditor Application

Version History

A full version history of this document can be found below.

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| --- | --- | --- |
| Version | Date | Summary of changes |
| 0.1 | 14 June 2022 | Initial document |
| 0.2 | 1 July 2022 | Updated to reflect Department name change |

# Applicant’s details

## Organisation details

|  |  |  |
| --- | --- | --- |
| Organisation details | | |
| Organisation legal name |  | |
| Organisation trading name |  | |
| Organisation ABN |  | |
| Organisation ACN |  | |
| Organisation postal address |  | |
| Address for Notices |  | Same as postal address |
|  | Different to postal address |
| Address details | |
|  | |
| Organisation website address |  | |

## Contact Officer Details

|  |  |
| --- | --- |
| **Contact officer details** | |
| Name of contact officer for Application |  |
| Contact officer’s position |  |
| Contact officer’s phone number |  |
| Contact officer’s email address |  |
| Name of alternative contact officer for Application |  |
| Alternative contact officer’s position |  |
| Alternative contact officer’s phone number |  |
| Alternative contact officer’s email address |  |

## Quality Auditor Details

|  |  |
| --- | --- |
| **Quality Auditors[[1]](#footnote-2)[[2]](#footnote-3)** | |
| Name of Quality Auditor |  |
| Relevant auditing experience |  |
| Name of Quality Auditor |  |
| Relevant auditing experience |  |
| Name of Quality Auditor |  |
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| Name of Quality Auditor |  |
| Relevant auditing experience |  |
| Name of Quality Auditor |  |
| Relevant auditing experience |  |

# Eligibility

|  |  |  |
| --- | --- | --- |
| **Required Accreditation** | | |
| Scheme and Standard |  | ISO 9001 |
|  | National Standards for Disability Services (NSDS) |
|  | ISO 9001 and NSDS |
| Joint Accreditation Scheme of Australia and New Zealand (JAS-ANZ) Accreditation number |  | |
| ISO 9001 Initial accreditation date |  | |
| ISO 9001 Date accreditation issued |  | |
| ISO 9001 Date accreditation expires |  | |
| Joint Accreditation Scheme of Australia and New Zealand (JAS-ANZ) Accreditation number |  | |
| NSDS Initial accreditation date |  | |
| NSDS Date accreditation issued |  | |
| NSDS Date accreditation expires |  | |

# Conditions of ongoing participation

|  |  |
| --- | --- |
| **If the organisation is successful in being approved as a Conformity Assessment Body and is included on the Quality Auditor List, in order to remain on the Quality Auditor List, the organisation must:** | |
|  | Ensure that any relevant Personnel and Subcontractors attend and/or undertake any training and information sessions as specified in the Quality Principles Quality Auditor Deed (the **Deed**) Guidance or as otherwise Notified by the Department of Employment and Workplace Relations (the Department), including passing any assessments to the Department’s satisfaction, prior to conducting Quality Principles Audits and as directed by the Department. |
|  | Maintain the Required Accreditation. |
|  | Maintain its expertise, capacity and capability to provide Quality Principles Audits, as specified in this Application. |
|  | Effect and maintain, or cause to be affected and maintained, the insurances specified in the Deed. |

# Statement of commitment

|  |
| --- |
| **Please outline how your organisation will work with the Department to ensure that:**   * **Workforce Australia Services Providers receive timely Quality Principles Audits and** * **Highly professional Quality Principles Audit Reports are delivered and give assurance that Workforce Australia Services Providers have the systems in place to deliver quality Workforce Australia Services.** |
|  |

# Conflict of interest

|  |  |
| --- | --- |
| **Does the organisation** **have any Conflict relating to this Application that would prevent the organisation entering into or performing the Deed?**  *Conflict means an actual, potential or perceived conflict between any interest of the organisation and the performance of the organisation's obligations under the Deed, including any interest that may interfere with or restrict the organisation in performing those obligations fairly and independently.* | |
| Yes | No |
| If yes, please outline the Conflict and how it is proposed this will be managed | |
|  | |

# Declaration

I declare that:

|  |  |
| --- | --- |
|  | The information provided in this Application form is true and correct. |
|  | My organisation has completed all parts of, and answered all the questions on, the form submitted to the Department |
|  | I have read and understood, and my organisation agrees to the conditions for participation and the associated material |
|  | I have read and understood the draft Deed my organisation agrees with the Deed in its entirety; |
|  | I have provided with this Application, 2 properly signed copies of the Deed,[[3]](#footnote-4) and a copy of Schedule 1 – Deed and CAB Details to the Deed with items 2 and (where relevant) 3 completed, in accordance with the *Guidance Note - Application to be approved as a Conformity Assessment Body on the Department’s Quality Auditor List* (‘Guidance Note’)   |  |  | | --- | --- | | **Note** |  | | The Department reserves the right not to execute the Deed and makes no representations that it will accept the organisation’s Application or approve the organisation as a Conformity Assessment Body on the Quality Auditor List | | |
|  | I understand that the Department will have the right (but will not be obliged) to act in reliance upon the contents of this Application. |
|  | I understand that if successful, the following will be published on the Department’s Provider Portal:   * The organisation’s legal name, * The organisation’s trading name, * The organisation’s ABN/ACN, * The organisation’s postal address, * The organisation’s contact and alternate contact names, telephone numbers, and email addresses. |

The person making this declaration must be authorised to make this on behalf of the Applicant and is authorised to speak for and bind the entity it represents.

|  |  |
| --- | --- |
| **Full name** |  |
| Position |  |
| On behalf of (organisation name) |  |
| Phone number |  |
| Email |  |
| Signature |  |
| Date |  |

1. The names of the Quality Auditors who will undertake Quality Principles Audits (where the organisation is approved as a Conformity Assessment Body and is included on the Department’s Quality Auditor List) is a guide only. The Department appreciates that the employees of the organisation that lead these audits may change over time. [↑](#footnote-ref-2)
2. Relevant Personnel, including new Quality Auditors, are required to undertake Department training before any Quality Principles Audits can be undertaken. [↑](#footnote-ref-3)
3. To properly sign the Deed, the person(s) with authority to bind the Applicant’s organisation (in accordance with its rules and relevant legislation) must apply their signature in the execution block relevant to the Applicant’s organisation in the Particulars (Appendix B to the Guidance Note) and cross out each of the other execution blocks. [↑](#footnote-ref-4)