

Accreditation



*Accreditation for
Interior
Plantscapers and
Suppliers*

*Australia and New
Zealand*

APPLICATION



National Interior Plantscape Association
Version Dated 10 July 2009

ACCREDITATION

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PART A – CORPORATE ASSESSMENT AND DECLARATION

“You must answer all questions and sign the - DECLARATION”.

MEMBERSHIP of The Australian National Interior Plantscaping Association (NIPA) or the New Zealand Interior Plantscaping Association – Plants At Work Association (PAWA) IS COMPULSORY to achieve NIPA Accreditation.

Applicant Details

Registered Business Name	
Trading Name	
Web Address (URL)	
NIPA/PAWA Membership Number	

Applicant Details (Australian Businesses)

Australian Business Number (ABN)	
Australian Company Number (ACN)	
Registered Business Number (RBN)	

Applicant Details (New Zealand Businesses)

GST Number	
Certificate of Incorporation No. (COI)	
Certificate of Incorporation (Company Registered Name)	

Preferred Contact (for issues relating to this application)

Name:			
Position title:			
Telephone No.		Fax No.	
Mobile No.		Email	

Address Details

Head Office Business address:			
Postal address:			
Business Phone:		Business Fax:	
Business Email:			

Locations of other offices (if applicable)

Business address:			
Postal address:			
Business Phone:		Business Fax:	

Item 1

(A) Business Insurances/Certificates (Validated Copy to be supplied)

Type	Policy/Certificate No.	Insurance provided	Expiry date	\$ Value
Public Liability				
Professional Indemnity (not compulsory)				
If you consider that you are not required to Professional Indemnity, please provide a brief explanation on a separate sheet, reference PART A Item 1A.				

Australian Businesses

Type	Policy/Certificate No.	Insurance provided	Expiry date	\$ Value
Workcover Policy/Private Accident/Illness Insurance				
If you consider that you are not required to have Workers Compensation, Workcover, etc, please provide a brief explanation on a separate sheet, reference PART A Item 1A.				

New Zealand Businesses

Type	Policy/Certificate No.	Insurance provided	Expiry date	\$ Value
Accident Compensation Corporation Number (ACC)				
If you consider that you are not required to have ACC, please provide a brief explanation on a separate sheet and reference PART A Item 1A.				

(B) Details of other Certification or Accreditation status held by the company, that may assist this application, whether with other private sector organisations or government authorities. (A validated copy is to be supplied).

Authority or Body	Details

Item 2

How long has the business been in operation?

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Item 2.1

Partners/Significant Individuals of the Business

Full name	Position held	Office location

Has the Applicant (including any Partner) or any Significant Individual of the Applicant ever:

Australian Businesses

Yes No Been bankrupt?

Yes No Entered into a debt agreement under Part IX of the Bankruptcy Act 1966?

Yes No Entered into a composition, deed of arrangement or deed of assignment under Part X of the Bankruptcy Act 1966?

Yes No Been a Significant Individual of another entity's affairs at the time, or within 12 months of the time that it was either declared bankrupt, entered into a debt agreement under Part IX of the Bankruptcy Act 1966 or entered into a composition, deed of arrangement or deed of assignment under Part X of the Bankruptcy Act 1966?

Yes No Managed or been a Significant Individual of another company's affairs at the time, or within 12 months of the time it was placed in receivership, administration official management, under a deed of company arrangement, in liquidation or wound up for the benefit of creditors?

Yes No Been prohibited or is presently prohibited from managing a company by an order of the Australian Securities and Investment Commission or has an investigation pending?

Yes No Been subject to an order of a court in relation to an entity under the Corporations Law?

Yes No Been convicted of an offence under the Corporations' Law?

Yes No Been refused a renewal or been disqualified from holding a license under any Act, Ordinance, Regulation or By-law relating to the content of this renewal?

New Zealand Businesses

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Been bankrupt?
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Made use of the Receiverships Act 1993 - Section 8
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Entered into a composition, deed of arrangement or deed of assignment under Receiverships Act 1993 - Section 8
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Been a Significant Individual of another entity's affairs at the time, or within 12 months of the time that it was either declared bankrupt, entered into a debt agreement under Section 8 of the Receiverships Act 1993.
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Managed or been a Significant Individual of another company's affairs at the time, or within 12 months of the time it was placed in receivership, administration, official management, under a deed of company arrangement, in liquidation or wound up for the benefit of creditors?
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Been prohibited or is presently prohibited from managing a company by an order of the Registrar of the Companies Office or has an investigation pending?
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Been subject to an order of a court in relation to an entity under the Companies Act 1993
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Been convicted of an offence under the Companies Act 1993?
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Been refused a renewal or been disqualified from holding a license under any Act, Ordinance, Regulation or By-law relating to the content of this renewal?

Accountants Name:	
Phone Number:	

If you answer 'Yes' to any of the above, provide and/or attach relevant details.

Full name	Details

<i>General comment: (office use only)</i>

NB. Once accepted and paid, NIPA will provide you with a numbered and dated Certificate of Accreditation that will be applicable for a two (2) year period. Renewal will be the responsibility of the applicant.

Item 3

DECLARATION

Ensure Declaration is signed and dated otherwise this application will not be processed.

I declare that all the information I have listed in this application is true and correct, and I undertake to notify the NIPA Accreditation Assessor of any changes to this information.

I authorise the NIPA Accreditation Assessor to make all necessary enquiries and sight all documents to verify or validate this information. All documents submitted to support this application will be signed by a certified Justice of the Peace, lawyer or solicitor.

I assure the NIPA Accreditation Assessor that this company holds all appropriate qualifications/licences to professionally partake in the Interior Plantscape Industry in Australia.

I further agree to keep current all insurances, qualifications, licences and registrations required for NIPA Accreditation.

I agree to comply with conditions of the NIPA Accreditation Scheme.

I accept and approve that a Credit Reference Check on my business may be carried out as part of entry conditions.

I further agree that by providing false or misleading information pertaining to this application form or failure to comply with any contractual or legislative requirements or any Government policy may lead to a review of this NIPA Accreditation status and that such a review may result in removal from the NIPA register on either a permanent or temporary basis.

Information accrued as part of this NIPA Accreditation will be held in strict confidence, will not be forwarded to any third party, and that such records shall comply with the Privacy Act.

Company Name:.....

NIPA/PAWA Membership Number:.....

Signed:.....

Witnessed by:.....

Position:..... of

Date:.....

Disclaimer:

The National Interior Plantscape Association (NIPA) advises it is the total responsibility of the applicant to ensure all insurance and liability protection is current. NIPA Directors, staff or employees cannot and will not be held responsible for any claims arising from incorrect claims or information included in this application.

PART B – OPERATIONAL POLICIES AND PROCEDURES

Please tick the appropriate column.

If some questions do not apply to your organisation please mark them as N/A.

SECTION 1 – BUSINESS OPERATIONS			
(A) Technology	Yes	No	Office Use
1. Are your business operations done via computer based technology?			
2. Does your business currently have its own website or website presence? (Email does not mean website presence, ensure address on page 2)			
(B) Management			
3. Do you have a documented business plan? If yes please supply a copy of the contents page.			
4. Are annual financial plans prepared, actioned and monitored by your organisation?			
5. Do you have a documented organisational staff structure?			
6. Have you developed a succession plan?			
(C) Contractual			
7. Do you utilise a written Contract for all your jobs when dealing with clients?			
(D) Systems			
8. Do you have a Quality Management System (such as ISO9001, etc) or adopt an internal informal Quality Management System? (Provide a validated copy as evidence).			
9. How many of the following checklists and controls are documented and in use in your organisation:? <ul style="list-style-type: none"> • Contract review • Purchasing control • Quality inspection of on-site products • Records control • Project signoff. 			
10. Do you have a Risk Management System to cover Occupational Health & Safety and company risk i.e. signage for wet floor etc?			

(E) Project Management (for Indoor Plant Hirers)	Yes	No	Office Use
11. Do you prepare project business plans for each project (such as budgets, workflow sheets, tasks management)?			
12. Do you source Interior Plantscape materials from other quality-accredited suppliers i.e. nursery, landscape suppliers?			
13. Do you monitor purchased item quality and uniformity and report back to the seller on faulty product?			

(F) Product Supply Management (for Suppliers to Indoor Plant Hirers)			
14. As a supplier do you have systems in place to ensure quality is uniform for all purchases?			
15. When presented with an Interior Plantscape specification, do you only make substitutions after consultation with the Designer/Project Manager?			
16. When transporting plants, are they carefully packed, transported, checked for pests and unloaded in top condition? OR if transporting non-living items are they carefully packed and unloaded from vehicles?			

(G) Environment	Yes	No	Office Use
17. Does your business have an environmental policy or similar? If 'Yes' supply validated copy of evidence.			

(H) Workplace Health and Safety			
18. Are workers informed and trained in relation to current, applicable workplace health and safety legislation and government policy? Please supply logged evidence. See NIPA Activity Register Template.			
19. Do you keep accurate records of <u>all</u> accidents and incidences that occur in the workplace? Please supply logged evidence. See NIPA Activity Register Template.			
20. Do you undertake to comply with the appropriate Workplace Health and Safety Act and all associated standards applicable in your area of operation?			
21. Do you undertake to comply with the appropriate Workcover Act in your state of operation?			

(I) Performance			
22. Do you respond to enquiries from clients and potential new clients within 2 working days?			
23. Do you resolve complaints or defect claims from your clients within 2 working days?			

(J) Qualification			
24. Does your company undertake regular staff training and maintain records? Please supply logged evidence. See NIPA Activity Register Template.			
25. Do you conduct a formal appointment / induction/ orientation process for each new worker? If so please provide a working sample of this document and logged evidence. See NIPA Activity Register Template.			

(K) Staff Competence			
26. Does your company carry out performance appraisals at least once per year and keep records of these? If so please provide a working sample of this document and logged evidence. See NIPA Activity Register Template.			



SECTION 2 – TECHNICAL ASSESSMENT

The Interior Plantscape “Technical Experience and Qualifications” section investigates 3 major areas covered by the industry. They are: DESIGN, INSTALLATION, and MAINTENANCE. The management and expertise contained within the company has been considered in previous sections.

In each of the areas below you are requested to advise the assessment panel of what areas of training has been completed, is being undertaken, or is planned to be undertaken within the next six months for management and staff of the business. This is up to you to convince the panel that you have the appropriate skills required to achieve accreditation. Obviously “**Validated**” copies of any certificates of achievement, courses or skills obtained by any formal means have to be supplied.

(A) Design	Applicant Comment	
In the five main areas that are considered critical in professional interior plantscape design, comment on how your company has maintained and improved its staff training and knowledge of these areas.		Office use only points
27. Light		
28. Plant species suitability		
29. Density requirements		
30. Benefits of plants		
31. Soil types and mulches		

General comment: (office use only)

(B) Installation	Applicant Comment	
<p>The area of Installation covers two (2) main areas that are considered critical in professional Interior Plantscape Installation. Please comment on what technical training is being provided or has been obtained in the following areas for your staff employed by your company as a quality supplier?</p>		Office use only points
<p>32. Documentation.</p> <p>Provide a copy of your documented installation procedure as per your quotation referencing B32.</p>		
<p>33. Site Management, Impact and assessment</p> <p>Advise your company procedure on this in the space provided referencing B33</p>		

General comment: (office use only)

(C) Maintenance	Applicant Comment	
<p>The final area of Maintenance covers 7 main technical application areas that are considered critical in professional Interior Plantscape Maintenance and on going repeat business. Please comment on what technical training is being provided by you company or has been already obtained by your staff?</p> <p>NOTE: Accredited members must be understand and comply with the NIPA Maintenance Standards for Indoor Plants, Containers and Growing Media</p>		Office use only points
<p>34. Location and density</p> <p>Provide on going audit process that ensures plants remain in the design location and density referencing C34</p>		
<p>35. Watering and cleaning</p> <p>As evidenced by a copy of your company maintenance plan referencing C35</p>		
<p>36. Identification and control of pests</p> <p>Describe your company's policy. Attach a copy referencing C36 if appropriate.</p>		
<p>37. Monitoring soil performance</p> <p>Please describe your company's policy on this issues and attached relevant document if applicable referencing C37</p>		
<p>38. Quality control and replacement policy</p> <p>Please provide copies of your company's advice to clients on modifications recommended.</p>		
<p>39. Project communications and customer relations</p> <p>Please advise your company policy and attach copies of 3 testimonials referencing C39 (see attached pro forma)</p>		
<p>40. Maintenance Plan</p> <p>Provide a copy of a submitted maintenance plan and 3 testimonials from companies utilising more than 6 plants referencing C39/C40 (see attached pro forma)</p>		

General comment: (office use only)

PART C - ACCREDITATION ASSESSMENT

For NIPA Accreditation Administration use only

Final Scores for Accreditation

Section 1 – Business Operations	
Section 2 – Technical Assessment	
TOTAL SCORE	



NIPA Office Use Only			Received Date	
Attachments checked	Fees Processed Date	Credit Ref. No.	Are more details required?	Approved?
			Yes / No	Yes / No
Approved Date		Approval No.		

NIPA Accreditation Assessor - General Comment:

PART D - FEE PAYMENT AND POSTAL DETAILS

The Accreditation Fee is \$AUD385 and includes GST.

For a franchise – the franchisor pays the standard fee, and each franchisee to be accredited pays half this fee (\$192.50), and only completes PART A, PART B SECTION 2 TECHNICAL ASSESSMENT and PART D of the application.

If your application fails to meet the required score, an additional assessment fee of \$70 will need to be paid to NIPA and your application or parts will need to be resubmitted to the assessor.

Accreditation is for a two year period after which it must be renewed by completing the Application Renewal Form.

1. The National Interior Plantscape Association (NIPA) is seeking levels of 80% or more to achieve Industry Accreditation.
2. Validated certified copies (copies signed by a Justice of the Peace, lawyer or solicitor), of all certificates are required. If they are not validated your application will not be processed.
3. By signing this document, you will sign a legal declaration.

1. Application to Assessor

Send completed Application Form and necessary documents to the Assessor, by Registered Post to:

NIPA Accreditation Assessor
PO Box 2232
Toowong
Qld 4066.

2. Payment to NIPA Administration

We prefer the payment to be by Credit Card (over the phone) or Direct Debit, however a cheque may be used.

Credit Card:

please call Elaine on +617 3203 2940

Direct Debit:

Account Name: National Interior Plantscape Association
Bank: Commonwealth Bank
BSB: 064 174
Account Number: 0090 0461

* If payment is made by Direct Debit please send verification of payment to NIPA Administration Office.

Cheque:

Make payable to '*National Interior Plantscape Association*'
National Interior Plantscape Association
PO Box 538
Burpengary
Qld 4505

Invoice:

NIPA will send you a paid invoice for your taxation purposes and as proof of payment. If you do not receive the invoice in three weeks please contact Elaine on 3203 2940.