

Accreditation



*Accreditation for
Interior
Plantscapers and
Suppliers*

*Australia and New
Zealand*

RENEWAL



National Interior Plantscape Association
Version Dated 12 November 2009

ACCREDITATION RENEWAL

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RENEWAL OVERVIEW

Prelude

NIPA accreditation is a system for providing public confidence and accountability. The accreditation process reveals whether or not an Indoor Plant Hire company will hold public trust and helps to ensure high quality industry supply and maintenance. NIPA/PAWA members with this status must show that the original standards in which they achieved accreditation are still in place. This is done by the accreditation renewal process due two years after initial accreditation. To have accreditation renewed, an accredited member must submit a renewal form and renewal fee (same as the initial accreditation fee). The assessment panel needs to know if any of the information initially supplied has changed. This includes information that reflects significant change in circumstance in the business – ownership, insurance, standards etc. The assessment panel will also be looking for Continuing Professional Development (CPD) and improvements to procedures, systems or standards and evidence of use.

Procedure of Renewal

Businesses that have been accredited and have had a change in ownership, need to reapply for accreditation by completing the Accreditation Application Forms and submitting them with the application fees.

Businesses that have been accredited for two years need to apply for accreditation renewal, by completing the Renewal Form (this document) and submitting them with the renewal fee.

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.

A Validated Copy to be supplied for all relevant certificates.

Australia and New Zealand Businesses

Type	Policy/Certificate No.	Insurance provided	Expiry date	\$ Value
Public Liability				
Professional Indemnity (not compulsory)				

If you consider that you are not required to have Professional Indemnity please provide a brief explanation on a separate sheet, reference PART A Item 1A.

Australian Businesses Only

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 Only

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 either 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 No Been bankrupt?

Yes No Made use of the Receiverships Act 1993 - Section 8

Yes No Entered into a composition, deed of arrangement or deed of assignment under Receiverships Act 1993 - Section 8

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 Section 8 of the Receiverships Act 1993.

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 Registrar of the Companies Office or has an investigation pending?

Yes No Been subject to an order of a court in relation to an entity under the Companies Act 1993

Yes No Been convicted of an offence under the Companies Act 1993?

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?

Accountants Name:	
Phone Number:	

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

Full name	Details

General comment: (office use only)

NB. Once accepted and paid, NIPA will provide you with a new 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

COMPULSORY for all participants

To ensure your business still complies with the accreditation standards of your original application, please tick the appropriate columns.

Over the past two years you may have newly introduced, reviewed or changed different parts of your business?

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

SECTION 1 – BUSINESS OPERATIONS (not required by franchisee)			
(A) Technology	Yes I - Introduced R - Reviewed N - No Change	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 the website address is entered in Part A Applicant Details).			
(B) Management	Yes I - Introduced R - Reviewed N - No Change	No	Office Use
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	Yes I - Introduced R - Reviewed N - No Change	No	Office Use
7. Do you utilise a written Contract for all your jobs when dealing with clients?			

(D) Systems		Yes I - Introduced R - Reviewed N - No Change	No	Office Use
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 I - Introduced R - Reviewed N - No Change	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)	Yes I - Introduced R - Reviewed N - No Change	No	Office Use
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 I - Introduced R - Reviewed N - No Change	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		Yes I - Introduced R - Reviewed N - No Change	No	Office Use
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 all 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		Yes I - Introduced R - Reviewed N - No Change	No	Office Use
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	Yes I - Introduced R - Reviewed N - No Change	No	Office Use
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	Yes I - Introduced R - Reviewed N - No Change	No	Office Use
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

(A) Design	Applicant Comment	Office Use
<p>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.</p>		
<p>27. Light</p>		
<p>28. Plant species suitability</p>		
<p>29. Density requirements</p>		
<p>30. Benefits of plants</p>		
<p>31. Soil types and mulches</p>		

General comment: (office use only)

(B) Installation	Applicant Comment	Office Use
In the process of installation, have any of your procedures been improved in the practice of documentation, site management, impact and assessment? Please comment on how your company has maintained and improved its staff training and knowledge of these areas.		
32. Documentation		
33. Site Management, Impact and assessment		

General comment: (office use only)

(C) Maintenance	Applicant Comment	Office Use
<p>Maintenance covers 7 main technical application areas. Please comment on whether your original procedures for these applications are still in place and have there been any improvements? Has staff training in these areas occurred since your initial accreditation?</p> <p>NOTE: Accredited members must understand and comply with the NIPA Maintenance Standards for Indoor Plants, Containers and Growing Media.</p>		
34. Location and density		
35. Watering and cleaning		
36. Identification and control of pests		
37. Monitoring soil performance		
38. Quality control and replacement policy		
39. Project communications and customer relations		
40. Maintenance Plan		

General comment: (office use only)

SECTION 3 – SUMMARY OF CONTINUING PROFESIONAL DEVELOPMENT

As pointed out at the beginning of this renewal application, renewal is dependant on three things:

1. That all required insurances and certificates are current
2. That sufficient evidence has been supplied to validate that the claims in the Accreditation Application are in place and being used
3. That there is evidence of CPD.

Office
Use

We are asking here for a quick summary of the improvements that have been made to the business in the last two years. This will help the assessor to assess you CPD status.

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PART C - RENEWAL 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?	Renewal Approved?
			Yes / No	Yes / No
Approved Date		Approval No.		

NIPA Accreditation Assessor - General Comment:

PART D - FEE PAYMENT AND POSTAL DETAILS

The Accreditation Renewal 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 renewal 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.

