

Accreditation

**NEW APPLICATION**

**Interior Plantscape Association**

Version – November 2016

Accreditation for   
Interior Plantscapers

Australia and New Zealand

# Contents

Checklist ..........................................................................................................................................3

Payment & Postal Details ................................................................................................................4

[**PART A – CORPORATE ASSESSMENT AND DECLARATION** 5](#_Toc382998760)-11

[Item 1 – Business Documents](#_Toc382998761) 7

Item 2 - Business Information....................................................................................................8-10

Statutory Declaration ...................................................................................................................11

[**PART B – OPERATIONAL POLICIES AND PROCEDURES** 12](#_Toc382998764)

[Section 1 – Business Operations 12](#_Toc382998765)

[(A) Technology 12](#_Toc382998766)

[(B) Management 12](#_Toc382998767)

[(C) Contractual 12](#_Toc382998768)

[(D) Systems 12](#_Toc382998769)

[(E) Project Management (for Indoor Plant Hirers) 13](#_Toc382998770)

[(F) Environment 13](#_Toc382998772)

[(G) Workplace Heath & Safety 13](#_Toc382998773)

[(H) Performance 14](#_Toc382998774)

[(I) Qualification 14](#_Toc382998775)

[(J) Staff Competence 14](#_Toc382998776)

[Section 2 – Technical Assessment 15](#_Toc382998777)

[(A) Design 15](#_Toc382998778)

[(B) Installation 16](#_Toc382998779)

[(C) Maintenance 17](#_Toc382998780)-18

**PART C - Accreditation Assessment .**................................ ................................................................19

**Checklist**

|  |  |  |
| --- | --- | --- |
|  | **Before you start** | **Yes/No** |
| 1. | Have you read the “How to Guide for Accreditation” document can be found under accreditation application – general information  <http://interiorplantscape.asn.au/accreditation> |  |
| 2. | Are you aware there are IPA templates in IPA member login section that may help you complete your application? <http://interiorplantscape.asn.au/member-resouces> |  |
| 3. | Speak to 3 of your clients for a testimonial. This may take time, so get in early! Make sure you submit testimonials with your application otherwise it can hold up the Accreditation week and/or months.  Template for testimonials can be found in the members login section |  |
| 4. | Have you paid your accreditation fee & notified IPA administration of payment [info@interiorplants.asn.au](mailto:info@interiorplants.asn.au)  ***Note: your application cannot be processed until fees are paid*** |  |
|  |  |  |
|  | **Before you finish** |  |
| 5. | Have you taken a copy of your application & evidence supplied*?*  *You will need these documents in two years for renewal or to answer any questions from IPA assessor. Note: Your application & supporting documents* ***WILL NOT BE RETURNED*** *& will be held confidentially by IPA assessor* |  |
| 6. | Have you certified (signed by JP etc) all of your supporting documents as requested? Ref to page 7 of this document |  |
| 7. | Have you labeled your response to each question with the same reference number as on the application form? |  |
| 8. | Have you organized your documentation in order making it easier for the assessor to mark? |  |
| 9. | Have you sent your application by registered post?  Note: If you do not send your documents by registered post make a note of date posted & send IPA assessor [paulp@plant.id.au](mailto:paulp@plant.id.au) & IPA administration [info@interiorplantscape.asn.au](mailto:info@interiorplantscape.asn.au) an email stating when you have sent your documents. |  |

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# PAYMENT AND POSTAL DETAILS

|  |
| --- |
| **Accreditation Fee Structure :** Sole Trader, Small to Medium business $440 inc gst (AUD)  Franchise Companies $3,300 inc gst (AUD)  Large Company $1,650 inc gst (AUD)  Accreditation is for **(2) two year period** & must be renewed 2 weeks before expiry date.  Application Renewal Form can be found on <http://interiorplantscape.asn.au/accreditation>  NB:  Interior Plantscape Association (IPA) is seeking levels of 80% or more to achieve Industry Accreditation. Certified copies (copies signed by a Justice of the Peace, lawyer, accountant or solicitor) of all certificates & evidence (as indicated in red) are required. If you have not provided certified copies your application will not be processed. By signing this document, you are signing a legal declaration. |
| 1. **Application to Assessor**   Send completed Application Form and necessary validated documents to IPA Assessor by Registered Post:  IPA Accreditation Assessor  Paul Plant  PO Box 406  Eumundi, Qld 4562   1. **Payment (fee structure detailed above) to IPA Administration**     **Credit Card:** Please call  Elaine Tunn, IPA Executive Officer (M) 0452 590 255  **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 IPA Executive Office Elaine Tunn (M) 0452 590 255 or email [info@interiorplantscape.asn.au](mailto:info@interiorplantscape.asn.au)  **NB**. Once accreditation fees are paid & accreditation is accepted IPA will provide a numbered and dated Certificate of **Accreditation that will be applicable for a two (2) year period** & IPA accredited logo which can be used on your marketing collateral  **Renewal is the responsibility of the applicant.** |

**PART A – CORPORATE ASSESSMENT AND DECLARATION**

**FINANCIAL MEMBERSHIP** of National Interior Plantscaping Association, commonly known as the Interior Plantscape Association (IPA) is **COMPULSORY** to achieve IPA Accreditation.

***NB***: All questions must be answered *(on pages 5 – 10)* & DECLARATION signed (on page 11)

**Applicant Details**

|  |  |
| --- | --- |
| Registered Business Name |  |
| Trading Name |  |
| Web Address (URL) |  |
| IPA 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)

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | | |
| Position Title: |  | | |
| Phone. No. |  | Fax No. |  |
| Mobile No. |  | | |
| Email: |  | | |

**Address Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Head Office  Business Address: |  | | |
| Postal Address: |  | | |
| Business Phone No. |  | Business Fax: |  |
| Business Email: |  | | |

**Locations of other offices** (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Business Address: |  | | |
| Postal Address: |  | | |
| Business Phone No. |  | Business Fax: |  |

**To approve your application** *documentation will need to be authenticated. Therefore you are required to provide certified copies of documents where indicated.*

***Certified means copies of all documentation submitted must be sighted & signed by a Justice of the Peace (JP), or by a Solicitor, Lawyer or Accountant.***

*For large documents (such as Business Plans, Quality Management systems etc.) only copies of the title and table of contents pages need to be submitted.*

***Please make sure they are certified.***

***Note****:* ***If you have any questions about certified copies please contact IPA Accreditation Officer***

***Paul Plant (M) 0437 184 828 or IPA Executive Officer Elaine Tunn 0452 590 255***

***Item 1 – Business Documents***

**(A) Business Insurances/Certificates (Certified copy to be supplied)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Policy/Certificate No. | Insurance provided | Expiry Date | $ Value |
| Public Liability |  |  |  |  |

**Australian Businesses (Certified copy to be supplied)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 this document as Item 1A. | | | | |

**New Zealand Businesses (Certified copy to be supplied)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 this document as 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.   
**(Certified Copy to be supplied)**

|  |  |
| --- | --- |
| Authority or Body | Details |
|  |  |
|  |  |
|  |  |
|  |  |

## Item 2 – Business Information

## How long has the business been in operation?

|  |
| --- |
|  |

**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 |  | 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? |

If you answer ‘Yes’ to any of the above, (Aust or NZ) provide and/or attach relevant details.

|  |  |
| --- | --- |
| Full Name: | Details |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Accountants’ Name: |  |
| Phone No. |  |

|  |
| --- |
| General Comments (office use only) |

|  |
| --- |
| **STATUTORY DECLARATION**  **Please ensure Statutory Declaration is signed & witnessed in front of JP, accountant, solicitor or lawyer and dated otherwise this application will not be processed.**  I declare that all the information & certified documentation I have listed or supplied in this application is true and correct, and I undertake to notify the Interior Plantscape Association (IPA) Accreditation Assessor of any changes.  I authorise the IPA 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 Justice of the Peace, lawyer, accountant or solicitor**.  I assure the IPA 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 IPA Accreditation.  I endorse and agree to will follow the IPA Code of Ethics. <http://interiorplantscape.asn.au/about>  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 IPA Accreditation status and that such a review may result in removal from the IPA register on either a permanent or temporary basis.  **Information & documents accrued as part of IPA Accreditation Application will be held in strict confidence by IPA accredited officer (Independent consultant) & will not be forwarded to any third party or returned to applicant, and that such records shall comply with the Privacy Act.**  Company Name ………………………………………………………………………………………  IPA Membership Number………………………..………………………………………..  Signature ………………………………… Authorised Witness Signature:……………………………............  Position …………......................... of ……………………......................... Date: .....................  **Disclaimer:**  *The Interior Plantscape Association (IPA) advises it is the total responsibility of the applicant to ensure all insurance and liability protection is current. IPA 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 Operation**

|  |  |  |  |
| --- | --- | --- | --- |
| Technology | Yes | No | Office Use |
| 1. Are your business operations done via computer based technology? |  |  |  |
| 1. Does your business currently have its own website or website presence? (Email does not mean website presence, ensure URL address is stated on page 5) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Management | Yes | No | Office Use |
| 1. Do you have a documented business plan?   **If yes please provide a copy** |  |  |  |
| 1. Are annual financial plans prepared, actioned and monitored by your organisation? |  |  |  |
| 1. Do you have a documented organisational staff structure? |  |  |  |
| 1. Have you developed a succession plan? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contractual | Yes | No | Office Use |
| 1. Do you utilise a written Contract for all your jobs when dealing with clients? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Systems | Yes | No | Office Use |
| 1. Do you have a Quality Management System (such as ISO9001, etc) or adopt an internal informal Quality Management System?   **If yes please provide a copy** |  |  |  |
| 1. How many of the following checklists and controls are documented and in use in your organisation?  * Contract review * Purchasing control * Quality inspection of on-site products * Records control * Project signoff |  |  |  |
| 1. Do you have a Risk Management System to cover Workplace Health & Safety and company risk? |  |  |  |
| Project Management (for Indoor Plant Hirers) | Yes | No | Office Use |
| 1. Do you prepare project business plans for each project (such as budgets, workflow sheets, tasks management)? |  |  |  |
| 1. Do you source Interior Plantscape materials from other quality-accredited suppliers i.e. nursery, landscape suppliers? |  |  |  |
| 1. Do you monitor purchased item quality and uniformity and report back to the seller on faulty product? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Environment | Yes | No | Office Use |
| 1. Does your business have an environmental policy or similar? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Workplace Health & Safety | Yes | No | Office Use |
| 1. Are workers informed and trained in relation to current, applicable workplace health and safety legislation and government policy?   **Please supply logged evidence & reference as G 15**  See template Team Training plan  <http://interiorplantscape.asn.au/member-resouces> |  |  |  |
| 1. Does your company have a Workplace Health and Safety Manual?   **If yes please provide a copy** |  |  |  |
| 1. Does your company have a Safe Work Method Statements for tasks undertaken by employees?   **If so provide examples of the statements & reference as G17** |  |  |  |
| 1. Do you keep accurate records of all accidents and incidences that occur in the workplace?   **Please supply logged evidence & reference as G18**  See template Incident reports <http://interiorplantscape.asn.au/member-resouces> |  |  |  |
| 1. Do you undertake to comply with the appropriate Workplace Health and Safety Act and all associated standards applicable in your area of operation? |  |  |  |
| 1. Do you undertake to comply with the appropriate WorkCover Act in your state of operation? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Performance | Yes | No | Office Use |
| 1. Do you respond to enquiries from clients and potential new clients within 2 working days? |  |  |  |
| 1. Do you resolve complaints or defect claims from your clients within 2 working days? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Yes | No | Office Use |
| 1. Does your company undertake regular staff training and maintain records?   **Please supply logged evidence & reference as I.23**  See IPA Template Team Training. <http://interiorplantscape.asn.au/member-resouces> |  |  |  |
| 1. 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 & reference as I.24**  See IPA Induction Template. <http://interiorplantscape.asn.au/member-resouces> |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Competence | Yes | No | Office Use |
| 1. 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& reference as J 25**  See IPA Staff Performance Review Template <http://interiorplantscape.asn.au/member-resouces> |  |  |  |

## Section 2 – Technical Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| Interior Plantscape “Technical Experience and Qualifications” section investigates 3 major areas covered by the industry. 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. Do you have the appropriate skills required to achieve accreditation?*  **Please supply certified copies of any certificates of achievement, courses or skills obtained by any formal education.** | | | |
| Design | | **Applicant Comment** | Office Use Only |
| *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.* | | |  |
| 1. **Light**   *How does your company & staff investigate, research & advice on areas of light internal & external?* |  | |  |
| 1. **Plant species suitability**   *Plant identification & suitability is critical to a professional designed Interior Plantscape. Comment on the technical training provided to your staff*. |  | |  |
| 1. **Density requirements**   *Comment on the training (internal or external) your company provides for your staff* |  | |  |
| 1. **Benefits of plants**   *How does your company provide your staff knowledge about the benefits of plants* |  | |  |
| 1. **Soil Types and mulches**   *What environmental training & research do you provide to your staff about soil types & mulches* |  | |  |

|  |  |  |
| --- | --- | --- |
| Installation | **Applicant Comment** | Office Use Only |
| *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?* | |  |
| 1. **Documentation**   *Provide a copy of your documented installation procedure as per your quotation/proposal you tender to your client.*  ***i.e. Photo evidence(before & after)***  ***Checklist of Installation***    ***Referencing your photos/documents as B31*** |  |  |
| 1. **Site Management, Impact & assessment**   Provide copy of a final project audit undertaken recently.  **Referencing your documents as**  **B32** |  |  |
|  | | |
| *General Comments (Office use only)* | | |

|  |  |  |
| --- | --- | --- |
| Maintenance | **Applicant Comment** | Office Use Only |
| *Maintenance covers 7 main technical application areas that are considered critical in professional Interior Plantscape Maintenance and ongoing repeat business. Please comment on what technical training is being provided by your company or has been already obtained by your staff?*  **NOTE: Accredited members must understand and comply with the IPA Industry Standards for Interior Plants** <http://interiorplantscape.asn.au/member-resouces> | |  |
| 1. **Location and density**   Provide ongoing audit process that ensures plants remain in the initial design location and density.  This can be taken from a copy of your maintenance program.  ***Referencing your documents as C33*** |  |  |
| 1. **Watering and cleaning**   Describe your company’s procedures for watering & cleaning.  This can be taken from a copy of your maintenance program.  ***Referencing your documents as C34*** |  |  |
| 1. **Identification and control of pests**   Describe your company’s policy & procedure for control of pests.  **Supply copy of your policy.**  **Referencing your documents as C35** |  |  |
| 1. **Monitoring soil performance**   Describe your company’s policy on this issue.  Attach relevant document if applicable  **Referencing your documents as C36** |  |  |
| 1. **Quality control and replacement policy**   Describe your quality control and replacement policy.  **Supply copy of your policy**  **Referencing your documents as C37** |  |  |
| 1. **Maintenance Plan**   Provide a copy of a submitted maintenance plan plus submit 3 testimonials from companies utilising more than 6 plants.  **Referencing your documents as C38**  See IPA Testimonial Template <http://interiorplantscape.asn.au/accreditation> |  |  |
|  | | |
| *General Comments (Office use only)* | | |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PART C - ACCREDITATION ASSESSMENT **For IPA Accreditation Administration use only**  **Final Scores for Accreditation**   |  |  | | --- | --- | | Section 1 – Business Operations |  | | Section 2 – Technical Assessment |  | | TOTAL SCORE |  |   IPA-LOGO-Accredited-[rgb]   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **IPA 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. |  | | | IPA Accreditation Assessor - General Comment: | | | | | |