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| APPLICANT DETAILS | | | | | |
|  | | | | | |
| Trading Name: |  |  | Legal Name: |  |  |
| ABN: |  |  | Freshcare Company ID: |  |  |
| **Business Owner** |  |  |  |  |  |
| First Name: |  |  | Telephone/Mobile: |  |  |
| Last Name: |  |  | Email: |  |  |
| **Accounts Contact** |  |  |  |  |  |
| First Name: |  |  | Telephone/Mobile: |  |  |
| Last Name: |  |  | Email: |  |  |
| **Operational Address(es)** |  |  | **Postal Address** | Same as Operational address |  |
| Address 1: |  |  | Address 1: |  |  |
| Address 2: |  |  | Address 2: |  |  |
| Suburb or Town |  |  | Suburb or Town |  |  |
| State and Postcode |  |  | State and Postcode |  |  |
| Country |  |  | Country |  |  |
| **Authorised Contact 1** | Same as Business Owner |  | **Authorised Contact 2** | *If applicable* |  |
| First Name: |  |  | First Name: |  |  |
| Last Name: |  |  | Last Name: |  |  |
| Telephone: |  |  | Telephone: |  |  |
| Mobile: |  |  | Mobile: |  |  |
| Email: |  |  | Email: |  |  |
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| **FRESHCARE CERTIFICATION** (See Freshcare Crop List for definitions) | | | | |
| **Freshcare Standard** | **Code** | **Scope** | **Crop/Produce/Produce Group** | **Harvest/Operational Months** |
| Food Safety & Quality | FSQ | Grower  Packer | *Please specify here* |  |
| Supply Chain – Food Safety & Quality | FSQ-SC | Packer  Storage  Ripener  Fumigation  Transporter  Wholesaler  Broker  Provedore  Marketing Group | *Please specify here* |  |
| Sustainability - Viticulture | AWISSP - VIT | Grower | Wine grapes |  |
| Sustainability - Winery | AWISSP -WIN | Winery  Wine business | Wine producer  Sell wine under own label, but do not own a winery |  |

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| **HARPS CERTIFICATION** | | |
| **Tier Level** | **Retail customers** | **Scope of certification** |
| **Tier 1**  **Tier 2** | *Please specify the names of retail customers you supply to.* | *Please specify crops to be included under HARPS certification* |

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| **SITES** | | | | | |
| **Site ID** |  |  |  |  |  |
| **Activity e.g., growing, packing, winery etc.** |  |  |  |  |  |
| **Address 1** |  |  |  |  |  |
| **Address 2** |  |  |  |  |  |
| **Suburb / Town** |  |  |  |  |  |
| **State** |  |  |  |  |  |
| **Postcode** |  |  |  |  |  |
| **Wine GI Region (for AWISSP)** |  |  |  |  |  |

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| **OTHER INFORMATION** | | |
| Are you an existing ACO certified operator? | Y / N | If yes, please provide your certification number: |
| Are you transferring your Freshcare certification from another certification body? | Y / N | If so, please provide details of previous Certification Body and previous scope, sites, and crops as well as the date of your last unannounced audit (if any).  Please provide a copy of your previous audit report and certificate. |
| Have you completed Freshcare training? | Y / N | If yes, please attach a copy of your Freshcare training certificate. |
| Have you had sufficient time since you completed training to implement the Standard i.e. approx. 3 months? | Y / N |  |
| Are there any exclusions to the scope of certification e.g. cut and packed produce, semi processed vegetables, dried fruit, sprouts etc.? | Y / N | If yes, please list the exclusions: |
| If there are multiple sites, are all sites situated within approx. 100km / 1.5 – 2 hours travel to allow for all sites to be visited as part of a single reported audit? | Y / N |  |
| Are all sites managed under the same management system? | Y / N |  |
| Preferred audit month / date?  *Note: Must coincide with harvest for FSQ or operational months for FSQ-SC, AWISSP & HARPS* |  |  |

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| --- | --- |
| Name |  |
| Signature |  |
| Date |  |