

ACO Leading Harvest Application Form

APPLICANT DETAILS

Legal Name:	
Trading Name:	
ABN:	
Leading Harvest Program User ID:	

Accounts Contact

First Name:		Telephone/Mobile:	
Last Name:		Email:	
Position in Business:			

Authorised Contact 1

First Name:		Telephone/Mobile:	
Last Name:		Email:	
Position in Business:			

Authorised Contact 2:

First Name:		Telephone/Mobile:	
Last Name:		Email:	
Position in Business:			

Head Office Address

Address 1:	
Address 2:	
Suburb or Town	
State and Postcode	
Country	

Postal Address

☐ Same as Head Office address

Address 1:	
Address 2:	
Suburb or Town	
State and Postcode	
Country	

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MANAGEMENT SYSTEM OVERVIEW	
Which Leading Harvest Standard applies to your business? <i>(please tick)</i>	<input type="checkbox"/> <i>Leading Harvest Australia Farmland Management Standard (2023)</i> <input type="checkbox"/> <i>Leading Harvest Australia Farmland Management Standard – Pasture and Livestock (2023)</i>
What agricultural commodity(s) do you produce? <i>If multiple commodities, please identify which sites produce which commodities in site list below</i>	
How many people are employed by the organisation during peak operations? <i>Full-time, part-time, casual, temporary, contractors, advisors, on farm, in office, etc.</i>	
Are all sites managed under the same management system or separately? <i>Please describe</i>	
Are any activities or processes outsourced? <i>Briefly describe/list the processes outsourced (i.e., contract labour, contract management, consultancy), if applicable</i>	
Briefly describe the business management system in reference to the Leading Harvest standard. <i>Describe how activities are managed (i.e., centrally; on-farm only; what are the predominant on-farm activities; how records are controlled and maintained; is there a head office and what is its role; are any sites leased (as landlord or tenant); any other relevant information.</i>	
Please provide/describe any other information you may feel relevant to the scope of your Leading Harvest Farmland Management system.	

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SITES TO BE INSPECTED (Please attach a list of sites if greater than 3)

Site Address 1

Address 1:

Address 2:

Suburb or Town

State and Postcode

Acquisition Date

Crop/Livestock

No. of Employees

Hectares

Other Info

Site Address 2 (if applicable)

Address 1:

Address 2:

Suburb or Town

State and Postcode

Acquisition Date

Crop/Livestock

No. of Employees

Hectares

Other Info

Site Address 3 (if applicable)

Address 1:

Address 2:

Suburb or Town

State and Postcode

Acquisition Date

Crop/Livestock

No. of Employees

Hectares

Other Info

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OTHER INFORMATION	
Are you an existing ACO certified operator?	<input type="checkbox"/> Yes , please provide your certification number/certificate. <input type="checkbox"/> No
Are you transferring your Leading Harvest certification from another certification body?	<input type="checkbox"/> Yes , please provide details of previous Certification Body and previous scope, sites, management system, the date of your last audit (if any) and a copy of your previous audit report and certificate. <input type="checkbox"/> No
Do you have a Management System Document Register?	<input type="checkbox"/> Yes , please provide ACO access to this register so we may allocate appropriate time for the audit. <input type="checkbox"/> No , please provide a list of all management system documents (i.e. policies/SOPs) so we may allocate appropriate time for the audit.
Do you have Organisational Chart?	<input type="checkbox"/> Yes , please provide a copy. <input type="checkbox"/> No
Do you have any existing certifications relevant to your Leading Harvest application (e.g., environmental)?	<input type="checkbox"/> Yes , please provide copies of these certifications <input type="checkbox"/> No
Are you seeking modification or substitution of Leading Harvest indicators and/or performance measures?	<input type="checkbox"/> Yes , please submit a formal request with detailed reasoning and justification <input type="checkbox"/> No
Preferred audit month/s (please tick) <i>Note: Leading Harvest Audits operate on a 3-year cycle.</i> <ul style="list-style-type: none"> Initial audit: Two-stage audit. <ul style="list-style-type: none"> Stage 1 – review management system and readiness for part two. Stage 2 – on-farm, implementation of systems. Surveillance Audit: partial review of system effectiveness, typically only Stage 2 on-site audit (years 2 and 3) Recertification Audit: Full system review through Stage 1 and 2 process. 	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June </div> <div style="width: 50%;"> <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December </div> </div>

APPLICANT DELARATION			
I confirm that the information provided in this application and any supporting documentation is true and correct to the best of my knowledge.			
Name:		Position:	
Signature:		Date:	