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? *(please tick)*	☐ *Leading Harvest Australia Farmland Management Standard (2023)* ☐ *Leading Harvest Australia Farmland Management Standard – Pasture and Livestock (2023)*
What agricultural commodity(s) do you produce? *If multiple commodities, please identify which sites produce which commodities in site list below*	
How many people are employed by the organisation during peak operations? *Full-time, part-time, casual, temporary, contractors, advisors, on farm, in office, etc.*	
Are all sites managed under the same management system or separately? *Please describe*	
Are any activities or processes outsourced? *Briefly describe/list the processes outsourced (i.e., contract labour, contract management, consultancy), if applicable*	
Briefly describe the business management system in reference to the Leading Harvest standard. *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.*	
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?	☐ **Yes**, please provide your certification number/certificate. ☐ **No**
Are you transferring your Leading Harvest certification from another certification body?	☐ **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. ☐ **No**
Do you have a Management System Document Register?	☐ **Yes**, please provide ACO access to this register so we may allocate appropriate time for the audit. ☐ **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?	☐ **Yes**, please provide a copy. ☐ **No**
Do you have any existing certifications relevant to your Leading Harvest application (e.g., environmental)?	☐ **Yes**, please provide copies of these certifications ☐ **No**
Are you seeking modification or substitution of Leading Harvest indicators and/or performance measures?	☐ **Yes**, please submit a formal request with detailed reasoning and justification ☐ **No**

Preferred audit month/s (please tick)
 	
Note: Leading Harvest Audits operate on a 3-year cycle.
• *Initial audit: Two-stage audit.*
  o *Stage 1 – review management system and readiness for part two.*
  o *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.*
	☐ January ☐ July
	☐ February ☐ August
	☐ March ☐ September
	☐ April ☐ October
	☐ May ☐ November
	☐ June ☐ December

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:	