|  |
| --- |
| 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* |  |
| Full Name: |  |  | Full Name: |  |  |
| Contact Number: |  |  | Contact Number: |  |  |
| Email: |  |  | Email: |  |  |
|  |  |  |  |  |

|  |
| --- |
| **FRESHCARE CERTIFICATION SCOPE** (See Freshcare Crop List for definitions) |
| **Freshcare Standard** | **Code** | **Scope** | **Crop/Produce/Produce Group** | **Harvest / Operational Months** |
| Food Safety and Quality | FSQ | Grower [ ] Packer [ ]  | *Please specify here* |  |
| Supply Chain – Food Safety and Quality | FSQ-SC | Packer [ ] Storage [ ] Ripener [ ] Fumigation [ ] Transporter [ ] Wholesaler [ ] Broker [ ] Provedore [ ] Marketing Group [ ]  | *Please specify here* |  |
| Environmental | ENV | Grower [ ] Packer [ ]  | *Please specify here* |  |
| Sustainability – Viticulture | AWISSP – VIT | Grower [ ]  | Wine grapes |  |
| Sustainability – Winery | AWISSP – WIN | Winery [ ] Wine business [ ]  | Wine producerSell wine under own label, but do not own a winery |  |

|  |
| --- |
| **HARPS CERTIFICATION SCOPE** |
| **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.* |

|  |
| --- |
| **SITES** |
| Site ID / Name |  |  |  |  |  |
| Activitye.g., growing, packing, winery etc. |  |  |  |  |  |
| Address  |  |  |  |  |  |
| Suburb / Town |  |  |  |  |  |
| State |  |  |  |  |  |
| Postcode |  |  |  |  |  |
| Wine GI Region (for AWISSP) |  |  |  |  |  |
| Total Size of Site (Hectares) |  |  |  |  |  |

|  |
| --- |
| **TRAINING / CONSULTATION**  |
| Have you completed Freshcare training? | Y / N | *If yes, please attach a copy of your Freshcare training certificate.* |
| Have you completed HACCP Training? | Y / N | *If yes, please attach a copy of your HACCP training certificate (Only applicable to HARPS applicants)* |
| Have you had sufficient time since you completed training to implement the Standard i.e., approx. 3 months? | Y / N |  |
| Have you engaged a consultant to assist with your certification / internal audit etc.? | Y / N | *If yes, please provide the consultant’s name*  |
| Do you have a current membership for Sustainable Wine Growing Australia? | Y / N | *If yes, please provide your membership certificate.**\*Only applicable for AWISSP (VIT / WIN certification programs). A copy of each site’s SWA certificate to be provided if more than 1 address is to be included on the certificate.* |

|  |
| --- |
| **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 yes, 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.* |
| 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, ENV, AWISSP and HARPS* |
| Do you want to request our fast-track option to expedite your certification? | Y / N | *Fast-track applications incur an additional fee of $300. Once requested, ACO will determine if a fast-track application can be granted* |

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