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| **OFFICIAL USE ONLY**  DATE RECEIVED   |  |  |  | | --- | --- | --- | |  |  |  |   FILE REF   |  | | --- | |  |   PROJECT REF   |  | | --- | |  |   COMPLETE FORM CORRECT AA  COMPLETE FEE  Administering district   |  | | --- | |  |   ENTERED BY [SIGNATURE]   |  | | --- | |  |   DATE   |  |  |  | | --- | --- | --- | |  |  |  | | Application for approval as an auditor for contaminated land |
| *This form must be used by an individual to apply for approval as an auditor under s. 569 of the Environmental Protection Act 1994 (EP Act). It is the approved form required by s. 570(a) of the EP Act. It should be used by first-time applicants, and by auditors who want to renew their existing EP Act approval in Queensland.*  *It should not be used for mutual recognition of an auditor’s existing approval from another state—the Queensland government’s website provides another form for mutual recognition applications.*  *‘Module 2: Auditor application requirements’ of the Queensland Auditor Handbook for Contaminated Land provides advice about the essential requirements for making this application.*  *All the information and documents specified in the left-hand column of the following table must be included with the form when it is submitted. This form is not properly completed unless the requirements are complied with.* |

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| These contact details will be used for correspondence from the administering authority.  If approved, the auditor’s name, company/organisation, business address, business telephone number and business email address will be publicly available from an online register on the Queensland government website.  This application is not complete without all the applicant details. | 1. **Applicant details**  |  | | --- | | Name | | Company/Organisation (write ‘None’ if operating under your own name) | | Position | | Street address | | Business address (write ‘As above’ if the same as street address) | | Telephone (business) | | Mobile (write ‘As above’ if the same as business telephone) | | Email (business) | |
| It is a statutory requirement of s. 570(b) of the EP Act that the application form states the functions to be performed. For an auditor for contaminated land, the functions will be those of s. 568(b) of the EP Act, which for your convenience are already entered in the box to the right on this form. | 1. **What functions do you propose to perform as an auditor?**  |  | | --- | | Prepare an auditor’s certification for a contaminated land investigation document under chapter 7, part 8 of the *Environmental Protection Act 1994*. | |
| If you are applying for renewal, this application is not complete without a copy of your existing approval. | 1. **Are you applying for the first time to become an auditor, or are you applying to renew your existing approval?**  |  |  |  | | --- | --- | --- | |  | First time→ | Continue to Question 4. | |  | Renewal→ | Go to Question 11. Do not complete Questions 4 to 10 inclusive. Also, attach a copy of your existing approval. | |
| If you have taken the examination and interview, this application is not complete unless you provide a copy of your results.  Refer to *Module 2: Auditor application requirements* and *Module 3: Assessment of auditor applications* of the *Queensland Auditor Handbook for Contaminated Land* for information about the examination and interview. | 1. **Have you taken the examination and its associated interview that are** **periodically held by the various state jurisdictions that approve auditors?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide a copy of the correspondence providing the results of the examination and interview. | |  | No |  | |
| Please attach your curriculum vitae to this form. Refer to *Module 2: Auditor application requirements* of the *Queensland Auditor Handbook for Contaminated Land* for information about the curriculum vitae.  This application is not complete without a detailed curriculum vitae. | 1. **Have you provided a current curriculum vitae with this application?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Your curriculum vitae should at least provide details of your: employment in the contaminated land field and any associated fields; qualifications; publications (if any); and membership of, and/or certification by, professional bodies. | |  | No |  | |
| Please attach certified copies of your qualifications.  This application is not complete unless you provide a copy of your relevant qualification(s). | 1. **Do you have at least a bachelor's degree from a recognised institute in a science or engineering discipline that is relevant to contaminated land investigation and management?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide a certified copy of your qualification(s). | |  | No |  | |
| Please provide details in an attachment.  Refer to sections 5 and 6 of Schedule B9 of The National Environment Protection (Assessment of Site Contamination) Measure 1999 (contaminated land NEPM) for additional information about this requirement. List your areas of expertise with reference to section 6.1 of the contaminated land NEPM, and describe your knowledge and experience in those areas.  This application is not complete unless you provide a statement of knowledge that addresses the relevant matters. | 1. **Have you provided a statement of knowledge?**  |  |  |  | | --- | --- | --- | |  | Yes→ | The statement of knowledge must address the required technical competencies in regard to the following matters:   * your knowledge, experience (at least eight (8) continuous years), and expertise in relation to the assessment of contaminated sites and environmental issues * your knowledge and understanding of the relevant NEPM, legislation, regulations, policies, guidelines and procedures that apply in Queensland * your knowledge and understanding of the respective roles of auditors and suitably qualified persons. | |  | No |  | |
| Please provide details in an attachment.  This application is not complete unless you provide evidence of your experience of managing multidisciplinary teams. | 1. **Can you demonstrate at least two (2) years’ experience of managing multidisciplinary teams?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide information that demonstrates you have at least two (2) years’ experience and a sound ability in forming and managing multidisciplinary teams for complex projects involving the assessment, remediation and management of contaminated land. | |  | No |  | |
| Please provide reports in an attachment or as files on electronic storage media.  This application is not complete unless you provide copies of two or more relevant reports. | 1. **Have you provided two or more reports on projects involving site contamination assessment and management for which you were the principal coordinating author in the last two years?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide copies of the reports (PDF files are acceptable). | |  | No |  | |
| This application is not complete unless you provide three suitable references, and the contact details of the three referees.  If there is insufficient room on the form, please provide details in an attachment.  Note: at least two of your referees should not be directly associated in business with you or the company currently employing you. | 1. **Provide copies of references from three referees, and the names and contact details of those three referees. *Module 2: Auditor application requirements* of the *Queensland Auditor Handbook for Contaminated Land* explains who is acceptable.**  |  | | --- | | Name:  Phone no.:  Address: | | Name:  Phone no.:  Address: | | Name:  Phone no.:  Address: | |
| If you answered ‘Yes” to this question, this application is not complete unless you provide a copy of your certification or accreditation. | 1. **Are you a certified practitioner in the contaminated land field, or hold an equivalent accreditation, with one of the recognised professional bodies?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide a certified copy of the document certifying or accrediting you as a practitioner in the contaminated land field. | |  | No |  | |
| If you answered ‘Yes’ to this question, this application is not complete unless you provide a copy of your membership of a prescribed organisation listed in Schedule 14 of EP Reg. | 1. **Are you a member of a prescribed organisation listed in Schedule 14 of the Environmental Protection Regulation 2019 (EP Reg)?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide a certified copy of the document certifying or accrediting you as a member of a prescribed organisation listed in Schedule 14 of EP Reg. | |  | No |  | |
| Please attach to this form a log of your development activities for the last two years.  This application is not complete unless you demonstrate a commitment to continuous professional development. | 1. **Can you demonstrate a commitment to continuous professional development?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide a log of your professional activities for the last two years—a log of development activities submitted to a professional body to maintain your accreditation in the contaminated land field would be sufficient. | |  | No |  | |
| Section 6.4 of Schedule B9 of the contaminated land NEPM provides advice about acceptable qualifications, experience and expertise of team members.  This application is not complete unless you provide details of the qualifications, expertise, and availability of your expert support team. | 1. **Do you have access to expert support and advice?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide a list the proposed support team, their qualifications and expertise, and provide evidence of their availability. | |  | No |  | |
| If you have answered ‘Yes’, this application is not complete unless you provide the necessary details.  If there is insufficient room on the form, please provide details in an attachment. | 1. **Have you ever been convicted of any offences under the *Environmental Protection Act 1994*?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide details below. | |  | No→ | Go to the next question | | Sections of the EP Act that regulate the offence: | | | | Details, including the type and date of offence: | | | | Penalty imposed: | | | |
| If you have answered ‘Yes’, this application is not complete unless you provide the necessary details.  If there is insufficient room on the form, please provide details in an attachment. | 1. **Have you been convicted of, or charged with, an offence under legislation applicable or relevant to an auditor’s functions in any state of Australia? This includes any offence under any Act involving misleading or fraudulent conduct.**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide details below. | |  | No→ | Go to the next question | | Legislation that regulates the offence: | | | | Details, including the type and date of offence: | | | | Penalty imposed: | | | |
| If you have answered ‘Yes’, this application is not complete unless you provide the necessary details.  If there is insufficient room on the form, please provide details in an attachment. | 1. **Has your approval to be an auditor in any state of Australia ever been suspended, cancelled or revoked, or are proceedings underway that might result in suspension, cancellation or revocation of your approval?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide details: | |  | No |  | |
| It will be condition of approval that you hold professional indemnity insurance for at least $5 million of cover.  The insurance policy must be held by you or on your behalf by the company employing you. The policy must not contain any exclusion that may have the effect of limiting cover for work carried out. | 1. **Do you have professional indemnity insurance for at least $5 million of cover that would insure your functions as an auditor?**  |  |  |  |  | | --- | --- | --- | --- | |  | Yes→ | Provide details of your insurer and your level of cover, and attach a certified copy of the current certificate of insurance. | | |  | No→ | You will be required to hold professional indemnity insurance for at least $5 million of cover for your functions as an auditor, if your application to be an auditor is approved. | | | Insurer | | | Level of professional indemnity  insurance | |  | | | $ | |
| You cannot make this application without paying the prescribed fee.  Schedule 15 of the EP Reg states what the current prescribed fee is for making an application under s. 570(c) of the EP Act. | 1. **Payment of application fee**   I have enclosed with the form a cheque or money order payable to the Department of Environment and Science, or a copy of a receipt showing payment has been made. |

Notes:

1. Where there is insufficient room on the form to provide adequate details, provide the information in an attachment and reference the attachment in the appropriate place on the form.
2. If the form does not include the specified information, or have the required documents attached, it will not be properly completed. A form that is not properly completed will not be accepted, and will be returned to you.

**Declaration for persons applying under the *Environmental Protection Act 1994***

I declare that:

* The information I have provided within this application is true and correct to the best of my knowledge.
* I understand that it is an offence under the *Environmental Protection Act 1994* to give to the administering authority a document containing information that I know is false or misleading.
* I understand that all information supplied with this application may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

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| **Applicant’s name:** |
| **Applicant’s signature:** |
| **Date:** |

**Checklist**

**All applications**

Application form completed, and the declaration signed.

Certified copy of membership to a prescribed organisation under Schedule 14 of the EP Reg.

Certified copy of certification or accreditation as a practitioner in the contaminated land field.

Log of your professional activities for the last two years.

List of your proposed support team, their qualifications and expertise, with evidence of their availability.

Information required if you answered ‘Yes’ to Questions 15, 16, 17 or 18.

Fee—payment with form, or proof that payment has already been made.

**Renewal applications only**

Copy of existing approval as an auditor in Queensland.

**First-time applications only**

Curriculum vitae.

Certified copy of qualification(s).

Statement of knowledge.

Evidence of managing multidisciplinary teams.

Two or more of your reports on projects involving site contamination assessment and management.

Contact details for three referees.

**How to lodge your application:**

Your completed application form and all mandatory supporting information should be submitted together to one of the following methods

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| --- | --- |
| **Post:**  Permit and Licence Management Department of Environment and Science GPO Box 2454 BRISBANE QLD 4001 | **Email:** [palm@des.qld.gov.au](mailto:palm@ehp.qld.gov.au)  The email subject line should be ‘Auditor application form’.  The file size limit for submission via email is 50MB. Any submission via email that would exceed 50MB must be broken down into parts, with each part clearly labelled Part X of Y (e.g. Part 1 of 2) included in the subject line of the email. Alternatively, the application and supporting information can be included as a link to e.g. Dropbox. |

**Privacy statement**

The Department of Environment and Science (the department) is collecting your personal information, and where applicable the personal information of referees, to determine your suitability as an auditor under Chapter 12 Part 3A of the *Environmental Protection Act 1994* (EP Act). The information will only be accessed by authorised employees within the department, a technical expert under contract with the department to provide advice on some components of your application, and an interview panel. The contract with the technical expert requires that the information only be used for that purpose, and that he or she not otherwise use or disclose the information. If, after completing both stages of the application process, you are approved as an auditor, your name, organisation, business address, telephone number and email address will be disclosed on the Register of Approver Auditors, which will be publicly available on the relevant Queensland Government website. This disclosure is authorised under section 540A of the EP Act. The information provided on this form will not otherwise be used or disclosed unless required or authorised by law. For information about privacy matters email: [privacy@des.qld.gov.au](mailto:privacy@des.qld.gov.au) or telephone: (07) 3330 5436.