

Application for Recognition of Alternative Accreditation

Human Services Quality Framework

June 2020

Organisations funded by the Department of Communities, Disability Seniors (DCDSS) or the Department of Child Safety, Youth and Women (DCSYW) to deliver services in-scope of the Human Services Quality Framework (HSQF) may apply for recognition of their existing accreditation under another quality system. Further information about recognition of other accreditation is available on the HSQF website at <https://www.communities.qld.gov.au/industry-partners/funding-grants/human-services-quality-framework/other-accreditation-process-resources>.

To apply, please complete the information below and submit with a copy of your accreditation documents (current report/certificate) to the HSQF team at hsqf@communities.qld.gov.au.

For further information, please contact your DCDSS/DCSYW contract officer or the HSQF team on 1800 034 022.

Part 1: Organisation Details		
Organisation name (legal entity)		
Trading name (where applicable)		
Australian Business Number (ABN)		
Head office street address		
Service streams your organisation is funded under	<input type="checkbox"/> Child and Family Services <input type="checkbox"/> Women, Violence Prevention and Youth Services <input type="checkbox"/> Community and Seniors <input type="checkbox"/> Disability Services	
Details of authorised officer completing application	Name	
	Position	
	Signature	
	Email	
	Telephone	
Date of application		



**Queensland
Government**

Part 2: Details of Alternative Accreditation or Quality System	
<p>Alternative standards or quality system Please provide the details of the standards and quality system that you are seeking to have recognised as meeting HSQF requirements</p>	
<p>Accreditation agency Please provide the name of the agency/organisation that provided third-party verification or accreditation</p>	
<p>Scope of accreditation Please provide a summary of the scope of the accreditation including sites/locations visited during the assessment/review</p>	
<p>Date of last assessment completed by the accreditation agency</p>	
<p>Date of next scheduled assessment</p>	
<p>Assessment outcome and expiry date Please list the level of compliance awarded by the accreditation agency e.g. fully met, certification, etc.</p>	
<p>Evidence of accreditation outcome Please attach a copy of the latest assessment/review report and accreditation certificate (where issued)</p>	
<p>Notes: Please provide any additional comments or information to support your application.</p>	