Competent Fire Safety Practitioner Accreditation Scheme Provider Registration Form



Competent Fire Safety Practitioner Co-Regulatory Accreditation Framework: Part 2

IMPORTANT INFORMATION

- 1. This form is for registering an organisation as a Competent Fire Safety Practitioner Accreditation Scheme Provider with NSW Fair Trading.
- 2. The information you provide on this form will be used to consider eligibility for recognition by the Secretary in accordance with the provisions of the *NSW Competent Fire Safety Practitioner Co-Regulatory Accreditation Framework Guideline* (the Guideline).
- 3. An organisation with a recognised accreditation scheme is able to:
 - a. Accredit individuals under the recognised accreditation scheme as competent fire safety practitioners for a specific function; and
 - b. Represent that its accreditation scheme has been recognised by the Secretary to accredit competent fire safety practitioners for a specific function.
- 4. An organisation with a recognised accreditation scheme must comply with the general conditions of recognition outlined in Part 2 of the Guideline and any specific conditions of recognition imposed by NSW Fair Trading in order to maintain its accreditation scheme's recognition.
- 5. For further information and to view the Guideline, visit <u>www.fairtrading.nsw.gov.au</u> or email <u>fsp.accreditations@finance.nsw.gov.au</u>

HOW TO LODGE THIS FORM

Email to: fsp.accreditations@finance.nsw.gov.au



ACCREDITATION SCHEME PROVIDER DETAILS

Legal name of Applicant Organisation:		
ACN or ABN:		Phone:
Address:		
	Postcode:	
Website (where scheme information will be locate		
Organisation's email address:		
DESIGNATED CONTACT PERSON		ovide details about the designated contact person for accreditation scheme to whom NSW Fair Trading will act all communications relating to the assessment cess, and if the accreditation scheme is recognised, all going communications.
Name:		
Position:		
Phone:		Email:
Postal address:		
	Postcode:	
Office Address:	Destander	
	Postcode:	
RELATED PERS	ONS inv	ovide names and roles of persons in the organisation olved in the operation of, management of and the day- day affairs of the accreditation scheme.
Add more rows as required	Name	Position



ACCREDITATION SCHEME DETAILS

Name of Scheme:				
Description of the scheme and any restrictions on the scheme: <i>Attach if necessary</i>				
Functions to be covered by the scheme:	d by the 1) Endorse a fire safety alternative solution report			
	Specify the relevant system/s:			
	 a) A hydraulic fire safety system (as defined in clause 165 of EP&A Regulation): 			
	 i) Fire hydrant system 			
	ii) Fire hose reel system			
	 iii) Sprinkler system (including a wall wetting sprinkler or drencher system) 			
	 iv) Any type of automatic fire suppression system of a hydraulic nature that is installed in accordance with a requirement of, or under, the Act or any other Act or law 			
	(Please specify which systems are covered)			
	 b) A fire detection and alarm system 			
	(Please specify which systems are covered)			
	□ c) A mechanical ducted smoke control system			
	(Please specify which systems are covered)			
Г				



4) Undertake assessment of the performance capability of existing □ essential fire safety measures (annual fire safety statement)

(Division 5 of Part 9 of EP&A Regulation)

Please select those functions covered by the scheme

- □ a) Access panels, doors and hoppers to fire-resisting shafts
- □ b) Automatic fail-safe devices
- \Box c) Automatic fire detection and alarm systems
- □ d) Automatic fire suppression systems
- □ e) Emergency lifts
- □ f) Emergency lighting
- □ g) Emergency warning and intercommunication systems
- □ h) Exit signs
- \Box i) Fire control centres and rooms
- □ j) Fire dampers
- □ k) Fire doors
- □ I) Fire hose reel systems
- □ m) Fire hydrant systems
- n) Fire seals protecting openings in fire-resisting components of the
- building
- o) Fire shutters
- p) Fire windows
- □ q) Lightweight construction
- □ r) Mechanical air handling systems
- □ s) Perimeter vehicle access for emergency vehicles
- □ t) Portable fire extinguishers
- □ u) Safety curtains in proscenium openings
- v) Smoke alarms and heat alarms
- □ w) Smoke and heat vents
- \Box x) Smoke dampers
- □ y) Smoke detectors and heat detectors
- □ z) Smoke doors
- □ aa) Solid core doors
- □ ab) Standby power systems
- □ ac) Wall-wetting sprinkler and drencher systems
- □ ad) Warning and operational signs
- \Box Other Please list:



APPLICATION ATTACHMENTS

The following must be provided with this application in accordance with the provisions in part 2 of the Guideline

Brief outline of the nature of the organisation, including:

- history,
- current organisational structure,
- core activities, and
- industry sectors represented.
- □ Copies of current certificate(s) of currency for:
 - public liability insurance, and
 - professional indemnity insurance

In accordance with Part 2 of the Guideline, evidence of the following must also be provided with the application:

- The process for recognising and managing any conflict of interest between the accreditation scheme and any of its other functions;
- The methods that will be used to evaluate the competence of individuals under the proposed scheme, for example, written, practical or other observational methods;
- □ Application and renewal process documents;
- □ Standard terms and conditions imposed on accreditation holders;
- \Box Code of Conduct;
- □ Complaints handling and dispute resolution process;
- □ Procedure for disciplining accreditation holders;
- Process for monitoring and investigating accreditation holders;
- Process for keeping records of all information and documents about and relating to the accreditation scheme; and

Description of applicant's strategy for managing accreditation holders under its

accreditation scheme in the event its accreditation scheme is no longer recognised to accredit competent fire safety practitioners or in the event the organisation no longer provides accreditation.

DECLARATION

I certify that the information provided on this form is correct.						
Full name:		Position:				
_						
Signature:		Date:	1 1			
L						
WARNING	It is an offence to provide false or misleading information. Penalties apply.					

OFFICE USE ONLY			
Date received	Approved/Refused	Date of decision	Reg. Number
1 1		1 1	
Reviewed by:			
Approved by:			