Organisations funded by participating Queensland Government departments to deliver services   
in-scope of the Human Services Quality Framework (HSQF) may apply for recognition of accreditation under another quality system. Further information about recognition of other accreditation is available on the HSQF website at [www.dcssds.qld.gov.au/our-work/human-services-quality-framework](http://www.dcssds.qld.gov.au/our-work/human-services-quality-framework).

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

For further information, please contact your departmental contract officer or the HSQF Operations 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** | Child and Family Services  Community Services  Women’s Safety and Violence Prevention Services  Disability Services  Seniors Services | |
| **Details of authorised officer completing application** | **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Email** |  |
| **Telephone** |  |
| **Date of application** |  | |

| **Part 2: Details of Other Accreditation or Quality System** | |
| --- | --- |
| **Other 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 |  |
| **Accreditation agency/body**  Please provide the name of the agency/organisation that provided third-party verification or accreditation |  |
| **Scope of accreditation**  Please provide a summary of the scope of the accreditation including sites/locations visited during the assessment/review |  |
| **Date of last assessment completed by the accreditation agency** |  |
| **Date of next scheduled assessment** |  |
| **Assessment outcome and expiry date**  Please list the level of compliance awarded by the accreditation agency e.g. fully met, certification, etc. |  |
| **Evidence of accreditation outcome**  Please attach a copy of the latest assessment/review report and accreditation certificate (where issued) |  |
| **Notes:** Please provide any additional comments or information to support your application. | |