## Application for Recognition of Other Accreditation

**Human Services Quality Framework** 

February 2024

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 <a href="https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework">www.dcssds.qld.gov.au/our-work/human-services-quality-framework</a>.

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 <a href="mailto:hsqf@qld.gov.au">hsqf@qld.gov.au</a>.

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	<ul> <li>□ Child and Family Services</li> <li>□ Community Services</li> <li>□ Women's Safety and Violence Prevention Services</li> <li>□ Disability Services</li> <li>□ Seniors Services</li> </ul>		
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 additiona	l comments or information to support your application.	