



APPLICATION TO PARTICIPATE IN THE QUALITY COMMISSION SCHEME

Name of organisation _____

Postal address _____

Name and position of contact person _____

Contact details

Phone _____ Email _____

On behalf of the organisation named above which has a minimum of a 1 year audit cycle, I declare that I have read and agree to abide by the Quality Commission Code of Practice.

Signed _____

Name _____

Date _____

Position _____

Name of organisation as registered for NZAPEP membership (if different from provider named above)

NOTE This application to participate in the Quality Commission scheme will be confirmed following receipt of your organisation's fee. Please refer to www.qualitycommission.co.nz for all documentation regarding the Quality Commission, where you will also find advice on use of the Quality Commission logo in your organisation's marketing.

FEE STRUCTURE

Joining Fee		\$600.00 plus GST
Annual Fee	Up to 50 EFTS	\$400.00 plus GST
Additional EFTS		\$5.00 plus GST
Maximum Annual Fee		\$1,000.00 plus GST

Note - EFTS are based on figures for the previous calendar year at the time of application.

FEES ENCLOSED: \$ _____

Please make cheques payable to Quality Commission and post to PO Box 20143, Glen Eden, Auckland