



Landscape Certification Scheme

Application Form to become a Master Landscape Professional

Please complete this form and attach your supporting documentation. Send to the Landscape Certification Scheme Administrator, Landscape Queensland Industries Inc., PO BOX 327, Cleveland, Qld, 4163. Phone: (07) 3286 1746 Fax: (07) 3488 0920
Web: www.landscapequeensland.com.au

Personal Details

Name: _____

Postal Address: _____

Home Address: _____

Personal Mobile: _____

Home Phone: _____ Home Fax: _____

Personal Email: _____

Landscape Queensland Industries Inc. Membership No. _____

Certified Landscape Professional – Horticulture Number: _____

Certified Landscape Professional – Structural Number: _____

Employment Details

Business Name: _____

Owner/Manager: _____

Position held: _____

Postal Address: _____

Street Address: _____

Work Phone: _____ Work Fax: _____

Work Mobile: _____

Work Email: _____

Website: _____



PO Box 327, Cleveland QLD 4163
Phone: (07) 3286 1746 Fax: (07) 3488 0920
Email: info@landscapequeensland.com.au
Website: www.landscapequeensland.com.au

Requirements

The requirements to become a Master Landscape Professional (MLP) are:

- 5 years industry experience
- Two years as Certified Landscape Professional – Structural
- Two years as Certified Landscape Professional – Horticultural
- Queensland Building Services Authority Licence - Builder Restricted to Structural Landscaping
- Continual Professional Development (CDP) Records for previous two years

For more information on the requirements to become a Master Landscape Professional please go to www.landscapequeensland.com.au, or contact Landscape Queensland Industries Inc. on (07) 3286 1746.

Queensland Building Services Authority (BSA) Licence/s

Please provide copies of your licence/s.

BSA Licence No. #	BSA Licence Grade (eg Builder Licence)	BSA Licence Class (eg Irrigation)	Copies Attached?
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Membership to other Organisations

If you are you a member of other industry related organisations, please provide details:

Your Requests

Please list Professional Development activities you would like to see considered for the Continual Professional Development component of the Certified Landscape Professional scheme.

Declaration

The Code of Ethics & Goals, and the Terms and Conditions of the Landscape Certification Scheme form part of this application. By signing this form to become a Master Landscape Professional and returning the declaration means you have read, understood and accepted them. To get a copy of these documents go to www.landscapequeensland.com.au or contact the Landscape Queensland Industries Inc. on (07) 3286 1746.

According to the Privacy Act of 1988, Landscape Queensland Industries Inc. requires written permission from applicants to view private documents and discuss matters relating to their Landscape Professional Certification application and for the ongoing review of Professional Development documentation submitted by the applicant. Landscape Queensland Industries Inc. will treat all documents as commercial-in-confidence and will not disclose your details to any unauthorised party.

Landscape Queensland Industries Inc. and representatives will only conduct discussions with relevant parties as required. Should further documentation be required, the scheme administrator will contact the applicant directly.

I hereby apply for Master Landscape Professional (MLP) recognition status in accordance with the following:

1. I agree to observe and comply with the Terms and Conditions of the Landscape Certification Scheme (receipt of which is acknowledged), as varied from the time to time, and agree to maintain the Code of Ethics & Goals of a Certified Landscape Professional.
2. I warrant that the information provided in this form is true, complete and correct and will give prompt written notice to the Landscape Certification Scheme Administrator of any change in such information
3. I understand that the fees and charges are non-refundable, may vary from time to time and are payable in relation to my application for Certified Landscape Professional status.
4. I indemnify and release Landscape Queensland Industries Inc. and employees, contractors and agents against any claims in accordance with the Terms and Conditions.
5. I give authority to Landscape Queensland Industries Inc., and representatives to view all documents and discuss with relevant parties the evidence of submitted to substantiate the application.

Signature of
Representative: _____

Print Name: _____

Date: _____

Checklist

To enable us to process your application quickly, please ensure you have attached the following necessary documentation.

Documentation	Attached?	Office Use Only: Approved?
Copy of BSA Licence/s	Yes/No	
CDP Record Form	Yes/No	
Payment Details	Yes/No	
Form complete and signed	Yes/No	
Other: please list	Yes/No	



ABN: 92 439 102 270

Tax Invoice

Fees

Fees for a two year Certification as a Master Landscape Professional are \$495.00 (inc. GST).

Payment

- PLEASE INVOICE
- CHEQUE/MONEY ORDER – please make cheques payable to Landscape Queensland Industries Inc.
- CREDIT CARD – please complete your credit card details below
 - Visa Mastercard Bankcard

Amount: \$ _____ Date: _____

Cardholders name: _____

Card No. _____ Expiry Date: _____

Signature: _____

Please photocopy and retain as your Tax Invoice Receipt.



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