SITE CONTAMINATION AUDIT SYSTEM SITE CONTAMINATION AUDITOR ACCREDITATION



APPLICATION FOR MUTUAL RECOGNITION IN SOUTH AUSTRALIA

This form is to be used by persons who seek registration in accordance with the mutual recognition principle in South Australia as a site contamination auditor under the *Environment Protection Act 1993*, through the Commonwealth *Mutual Recognition Act 1992*.

INSTRUCTIONS

Applicants should refer to the *Environment Protection Act 1993*, the *Environment Protection Regulations 2023* (the Regulations) and the most recent version of the EPA publication, *Guidelines for the site contamination audit system*, for information on the site contamination audit system including the application and accreditation process.

This application must be accompanied by documents that are certified as complete and accurate copies of the original instrument evidencing the applicant's existing registration (or, if there is no such instrument, by sufficient information to identify the person and the person's registration).

The statements and other information in this application must be verified by statutory declaration.

Please ensure that all sections of the form are completed, requested information and attachments (where necessary) are provided and labelled as indicated.

Please do not modify the form by moving or deleting sections or text, including these instructions.

Please ensure you are using the current version of the form (check the EPA website).

Refer to the current version of the EPA publication *Site contamination: Guidelines for the site contamination audit system*, for further information. For any enquiries or questions relating to the site contamination audit system, including requests for editable versions of this form, contact the EPA Site Contamination Branch.

PHOTOGRAPH AND 100-POINT IDENTITY CHECK

A photograph of the applicant is required to create an auditor identity card. You will need to complete the 100-point identity check and 'Proof of Identity' form (available from the EPA website) and submit it together with this form.

FEE

There is no application fee payable in respect of a person entitled under the *Mutual Recognition Act* 1992 of the Commonwealth, as adopted by the *Mutual Recognition (South Australia) Act* 1993, to be registered (as defined in the Commonwealth Act) in this State as a site contamination auditor.

The grant of accreditation fee is required to be paid prior to carrying out the activities of a site contamination auditor. However, payment is **NOT** to be lodged with this application.

SPECIALIST TEAM

It is a condition of accreditation prescribed by the Regulations that all auditors have access to a team of specialists approved by the EPA to provide technical expertise in fields outside their knowledge and experience, in accordance with relevant guidelines issued by the EPA. Details of the competencies held by the applicant and the approved specialist team members recognised in relation to your substantive registration should be provided as supporting information to this application. In addition, details of further specialist team members intended to support accreditation in South Australia should be provided using the form 'Site Contamination Auditor Specialist Team Members' available from the EPA website.

PROFESSIONAL INDEMNITY INSURANCE

It is a condition of accreditation prescribed by the Regulations that all auditors provide evidence to the EPA that they hold or will be covered by a professional indemnity insurance (PII) policy approved by the EPA.

In approving a PII policy, the EPA takes into account whether:

- the professional indemnity insurance specifically covers the auditor for site contamination auditor activities undertaken pursuant to the *Environment Protection Act 1993*
- any exclusions of the PII policy limit cover for work carried out as a site contamination auditor.

Auditors must satisfy themselves as to the level and duration of insurance cover, which must be adequate to cover the activities as a site contamination auditor and in respect of any liability for claims for damages for professional negligence arising out of site contamination auditing activities under the *Environment Protection Act 1993*.

This should be addressed as supporting information to your application.

OTHER INFORMATION

Accreditation if granted will be subject to a term specified by the EPA and conditions of accreditation.

HOW TO LODGE THIS FORM

By mail

Manager, Site Contamination Branch Environment Protection Authority GPO Box 2607 Adelaide SA 5001

Forms can also be emailed in pdf format to the Manager.

FURTHER INFORMATION

For any enquiries or questions relating to the site contamination audit system, contact the EPA Site Contamination Branch on:

Telephone: (08) 8204 2004

Email: EPAsitecontam@sa.gov.au

SITE CONTAMINATION AUDIT SYSTEM APPLICATION FOR MUTUAL RECOGNITION

APPLICANT DETAILS					
Title:	Mr Other (s	Mrs pecify)	Ms	Dr	Prof
Surname:					
Full given names:					
Personal address:					
Personal postal address (if different):					
Current employer (company name):					
Current position:					
Business address:					
Business postal address (if different):					
Home telephone:					
Business telephone:					
Business facsimile:					
Business mobile:					
Business email:					

INTERSTATE REGISTRATION DETAILS

Specify all the States and Territories within Australia in which you hold a current substantive registration (accreditation/appointment) equivalent to the occupation (site contamination auditor) you are applying for in South Australia.

Jurisdiction:	
Registration no:	
Appointment date:	
Expiry date:	

Application for mutual recognition

Jurisdiction:	
Registration no:	
Appointment date:	
Expiry date:	
Jurisdiction:	
Registration no:	
Appointment date:	
Expiry date:	
Jurisdiction:	
Registration no:	
Appointment date:	
Expiry date:	

Important: a certified complete and accurate copy of your registration(s) must be provided.

Please note: all documentation submitted with an application must be in the full and legal name of the applicant.

SPECIAL CONDITIONS

Specify any special conditions you are subject to in carrying on your occupation in any State or Territory of Australia (eg financial limitations, supervision).

STATEMENTS Please tick appropriate box Are you the subject of disciplinary proceedings in any State or Territory of Australia (including any preliminary investigations or YES NO action that might lead to disciplinary proceedings) in relation to this occupation> **YES** Is your registration in any State or Territory of Australia cancelled or NO currently suspended as a result of disciplinary action? Are you otherwise personally prohibited from carrying on this YES NO occupation in any state or territory of Australia? Are you subject to any special conditions in carrying on this YES NO occupation, as a result of criminal, civil or disciplinary proceedings in any State or Territory of Australia? I have specified any special conditions to which I am subject in YES NO carrying on this occupation in any State or Territory of Australia.

STATUTORY DECLARATION

In relation to the occupation for which mutual recognition is sought:				
I, (insert name) do solemnly and sincerely declare that the particulars contained in this application are true and correct. I further declare that the documents provided by me in support of this application which are appended to this application are authentic originals or complete and accurate copies of the originals. I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1936.				
Declared at				
In the state or territory of	f			
This	day of	in the year		
Signature of applicant	:			
before me,		(insert name)		
Signature of any justice, public notary or any officer by law authorised to administer an oath or affirmation:				
CONSENT				
I, (insert name) consent to the making of inquiries of, and the exchange of information with, the authorities of any State or Territory of Australia regarding my activities in the relevant occupation and any other matters relevant to the notice.				
Signature of applicant	:			

APPLICATION CHECKLIST

• Complete 'Proof of Identity' form

All of the following documents/information must be attached to this form (please check):

•	Current, detailed curriculum vitae	YES	NO
•	An electronic copy (on CD or DVD) of the whole application, which includes all relevant forms and the attachments, clearly named.	YES	NO
•	Complete 'Proof of Identity' form	YES	NO

YES

YES

NO

YES NO Digital and colour printed copies of a passport-sized current photograph¹

Please note that the quality of the photos that you supply will have a direct effect on the quality of the image that will appear on your ID card. Digital photographs provided must meet the specifications of the EPA. The EPA will only accept clear and distinct photos (video camera, e-mail or colour photocopied images are NOT acceptable) that conform to the following requirements:

- image in front of a plain light-coloured background
- image not too dark, not too light
- image not too close, not too distant
- full front view of your head and shoulders
- sharply focused, not blurred or unclear.

• Information relating to professional indemnity insurance

•	Information relating to competencies of the applicant, and the specialist members supporting your substantive registration as approved by other jurisdictions	YES	NO
•	Completed 'Site Contamination Auditor Specialist Team Members' forms as necessary	YES	NO

Regulation 52(3)(c) of the Environment Protection Regulations 2023