



# Application Form

Complete the form and attach your supporting documentation.  
Mail to the CNP Coordinator, PO Box 7129, Baulkham Hills BC NSW 2153  
P: (02) 8861 5100. F: (02) 9659 3446 E: [info@ngia.com.au](mailto:info@ngia.com.au)

## Personal Information

### Personal Details

Name: \_\_\_\_\_

Home Postal Address: \_\_\_\_\_

\_\_\_\_\_

Home Street Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Personal Mobile: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Areas of expertise (please list the three main areas you specialise in):

\_\_\_\_\_

\_\_\_\_\_

## Current Employer

Name of Business: \_\_\_\_\_

Name of Owner/Manager: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Is your application for CNP membership financially supported by your employer?  Yes  No

## Certified Nursery Professional Level

Please indicate the level of recognition you wish to apply for:

*\* Please note that both levels are of equal standing. The **Professional** level indicates a broad understanding of Horticultural practice eg Nursery Person, the **Specialist** level indicates a specialisation in a particular area of the industry eg Propagator, planting media specialist.*

### Professional

To obtain Professional Recognition Status, you must have a minimum of either:

- A Certificate III Horticulture and 5 years experience; or
- 10 years or more experience in the nursery and garden industry (no formal qualification required)

### Specialist

To obtain Specialist Recognition Status, you must have a minimum of either:

- A relevant qualification at Diploma level or higher AND 10 years experience; or
- 15 years or more experience in the nursery and garden industry (no formal qualification required)

## Development of CNP Program

To assist with our communications and programming for professional development please answer the following questions:

How do you prefer to received information and correspondence in relational to the CNP program?

<input type="checkbox"/> Email	<input type="checkbox"/> Post
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Are you a member of another professional association? If yes, please provide details.

\_\_\_\_\_

\_\_\_\_\_

Please list professional development activities you would like to see incorporated into the CNP program.

\_\_\_\_\_

\_\_\_\_\_



### Declaration

The Code of Ethics and Terms & Conditions of the program form a part of this application; signing and returning the declaration means you have read, understood and accepted them. If you would like a copy of the Terms & Conditions and Code of Ethics visit [www.ngia.com.au/cnp](http://www.ngia.com.au/cnp). Alternatively contact the CNP Coordinator to arrange for a copy to be forwarded to you.

I hereby apply for Certified Nursery Professional (CNP) recognition status in accordance with the following:

1. I agree to observe and comply with the Code of Ethics and Terms & Conditions of the CNP program (receipt of which is acknowledged), as varied from the time to time, and agree to maintain the standards of CNP.
2. I warrant that the information provided in this form is true, complete and correct and will give prompt written notice to the CNP Coordinator 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 and achievement of CNP recognition status.
4. I indemnify and release NGIA, the Administration Provider and each State Association and their respective employees, contractors and agents against any claims in accordance with the Terms & Conditions.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

### Privacy

In accordance with the Privacy Act of 1988, Nursery & Garden Industry Australia (NGIA) requires written permission from applicants to view private documents and discuss matters relating to their CNP application; and on approval of application for ongoing monitoring of professional development statements by the member.

The necessity to view documents and discuss an applicant's evidence with relevant parties is an integral part of maintaining credibility of Nursery & Garden Industry Australia's Certified Nursery Professional program. In order to avoid a delay in processing your application, please complete the Authority to View Documents section below.

### Authority to View Documents

I, \_\_\_\_\_ (print your name) give authority to NGIA, the Administration Provider and CNP representatives to view all documents and discuss with relevant parties the evidence submitted by me to substantiate my application for recognition; and for approval of my ongoing Professional Development.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

NGIA, the Administration Provider and CNP representatives will only conduct discussions with relevant parties as required to substantiate

evidence for the CNP program. Should further evidence be required the CNP Coordinator will contact the applicant direct.

### Communication

NGIA communicates with the industry through many mediums. Facebook, Twitter, Your Levy at Work and of course its own Website. Technical, Business and Marketing information can also be found in the Nursery Papers which are available online under 'Publications & Resources'.

When my CNP status has been confirmed, please publish my profile and contact details on (tick where applicable):

- NGIA Industry website ([www.ngia.com.au/cnp](http://www.ngia.com.au/cnp))
- NGI Consumer website
- None (I do not wish to have my profile published)

### Membership Fees

Joining fee (one-off)	\$75.00
Bi-ennial membership fee (every two years)	\$90.00
<b>Total fee</b>	<b>\$165.00</b>

### Payment

- CHEQUE/MONEY ORDER – please make cheques payable to Nursery & Garden Industry Australia, PO Box 7129, Baulkham Hills BC NSW 2153
- CREDIT CARD – please complete your credit card details below
  - Visa       Mastercard

Cardholders name \_\_\_\_\_

Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



### Industry Experience (please provide evidence including references or reference contacts)

Time Employed		Position	Employer	Duties	Evidence Provided (NGIA use only)
From	To				

### Horticulture Qualifications (please provide copies of academic transcripts / certificates)

Year Completed	Qualifications	Institution	Evidence Provided (NGIA use only)

### Other Qualifications (please provide copies of academic transcripts / certificates)

Year Completed	Qualifications	Institution	Evidence Provided (NGIA use only)

