

$\textbf{LANDSCAPE BUILDER} \mid \textbf{Commercial or Subcontractor}$

KEGIS	REGISTERED BUSINESS NAME							
TRAD	ING NAME (if differen	it)						
BUSIN	IESS ADDRESS							
POST	AL ADDRESS (if differe	ent)						
REGIS	STERED BUSINESS AI	DDRESS						
Sa	me as physical address							
ABN			YEAR BU	USINESS REG	ISTERED (ce	ertificate to be attached)		
MEDO	IMP							
WEBS	IIE							
BUSI	IESS TYPE		Sole Trader	Com	pany	Partnership	Family Trust	
SIZE	OF BUSINESS		1—3		4—6	7—9	10+	
MAIN	CONTACT							
NAM	E		POSITION			PHONE		
EMAI	L							
SECON	DARY CONTACT (Bus	iness partner, or	secondary person to rec	eive LV Master	r Landscapers	s communications)		
NAM	3		POSITION			PHONE		
EMAI	L							
ACCOU	JNTS CONTACT (Book	keepers/account						
NAM			POSITION			PHONE		
EMAI	L							
						come a member of additional mem		
	LANDSCAPE DESIGN					AND DRAINAGE	. 0	
	PROJECT MANAGEME	NT		P	UBLIC SPACE	S		
	EARTHWORKS (CIVIL	WORKS)			SCHOOLS, PLAYGROUNDS/RECREATIONAL			
	CONSTRUCTION	UIII ODMITNITA			GARDEN MAINTENANCE			
	MULTI-DWELLING DEVELOPMENTS CONTRACT PLANTING				MAINTENANCE OTHER (please specify)			
CONTRACT PLANTING					ų ····			
DO YOU BUILD SWIMMING POOLS AND/OR SPAS?						Yes	No	
If yes, please advise your Registered Building Practitioner (RBP) number								
WHE	RE DID YOU HEAR AE	OUT US?						
W	ebsite		Radio					
So	ocial Media		Client (member o	f the public)				
Ir	dustry Event		Referred by memb	ber – Name & Me	mber Number			
M	agazine/Newspaper		Other – Please speci	ify				
			12.1	•				

Waterman Business Park

Suite 37, 44 Lakeview Drive, Scoresby VIC 3179



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EMPLOYM	NT HISTORY (include apprenticeship)	

		EMPLOYER	PO	SITION		
INDUSTRY QUALIFICAT	TIONS AND TRAINING					
Note: To qualify for this		ninimum qualifications appl	y:			
≈ OR 10+ years exp	erience (as outlined abo	ve in Employment History)				
COURSE NAME		TRAINING INSTIT	UTION		YEAR COMPLETE	ED
DO YOU HAVE: Domest	ic or Commercial Regist	ered Building Practitioner (F	RBP) Registration?			
YES: Please complete be	low details					
NAME		NUMBER CB-L (or 'U')		Y	EAR OBTAINED	
NAME CATEGORY/LIMITATION	ONS	NUMBER CB-L (or 'U')		Y	EAR OBTAINED	
CATEGORY/LIMITATION						
CATEGORY/LIMITATION COMMERCIAL REP is	required for full member	rship in this category OR yo		t you work :	as a subcontractor.	Please list
CATEGORY/LIMITATION OF Commercial RBP is the organisations you su	required for full membe abcontract to and attach	rship in this category OR yo a letter from at least one (1)	business confirming tha	t you work :	as a subcontractor.	Please list
CATEGORY/LIMITATION NO: Commercial RBP is the organisations you su Are you registered unde	required for full memberabcontract to and attach	rship in this category OR yo a letter from at least one (1) uly 1 st 2018 VBA amendment	business confirming tha	t you work :	as a subcontractor.	Please list
CATEGORY/LIMITATION NO: Commercial RBP is the organisations you su Are you registered unde	required for full membe abcontract to and attach	rship in this category OR yo a letter from at least one (1) uly 1 st 2018 VBA amendment	business confirming tha	at you work a	as a subcontractor.	
NO: Commercial RBP is the organisations you su Are you registered unde If yes, please provide you	required for full memberabcontract to and attach	rship in this category OR yo a letter from at least one (1) uly 1 st 2018 VBA amendment umber	business confirming tha	at you work a	as a subcontractor.	
NO: Commercial RBP is the organisations you su Are you registered unde If yes, please provide you	required for full membe abcontract to and attach er your company as per Ju ur company registration n	rship in this category OR yo a letter from at least one (1) uly 1 st 2018 VBA amendment umber	business confirming tha	at you work a	as a subcontractor.	
CATEGORY/LIMITATION NO: Commercial RBP is the organisations you sure are you registered under If yes, please provide you name OF BUSINESS Y	required for full membe abcontract to and attach er your company as per Ju ur company registration n	rship in this category OR yo a letter from at least one (1) uly 1 st 2018 VBA amendment umber	business confirming that:s?	at you work a	as a subcontractor.	
CATEGORY/LIMITATION NO: Commercial RBP is the organisations you sure are you registered under If yes, please provide you name OF BUSINESS Y	required for full memberabcontract to and attach er your company as per Juar company registration now SUBCONTRACT TO	rship in this category OR yo a letter from at least one (1) uly 1 st 2018 VBA amendment umber	business confirming that:s?	at you work a	as a subcontractor.	
CATEGORY/LIMITATION NO: Commercial RBP is the organisations you sure and a sure you registered under the yes, please provide you name of BUSINESS YOUTACT NAME NAME OF BUSINESS YOUTACT NAME	required for full memberabcontract to and attach er your company as per Juar company registration now SUBCONTRACT TO COU SUBCONTRACT TO	rship in this category OR yo a letter from at least one (1) uly 1 st 2018 VBA amendment umber	contact number	at you work a	as a subcontractor.	

Waterman Business Park Suite 37, 44 Lakeview Drive, Scoresby VIC 3179 t 03 8761 9137 e admin@landscapingvictoria.com.au

Have you been bankrupt or insolvent in the last 5 years?

What other names have you traded under?

No

Yes



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SKILLS ASSESSMENT

Please nominate 3 projects that have been completed in the last 2 years that best reflect the quality and breadth of your workmanship and skills. Please seek your client's approval prior to submitting their garden.

NOTE: Following the submission of your application, please send an email through to admin@landscapingvictoria.com.au, containing at least 15 photos across the 3 jobs listed below, covering all relevant aspects of assessment (paving, decking, pergolas, concrete, retaining walls, planting, screens, fencing, water features, turf, loose surfaces, rock work). Your work quality will be assessed based on these images, so please make sure they are of sufficient quality. We would recommend sending the photos through using a file sharing site such as Dropbox or WeTransfer. Alternatively, you may submit a USB containing these images with your application.

SITE 1

NAME OF CLIENT/S	
EMAIL ADDRESS	
ADDRESS	
CONTACT NAME & NUMBER (to arrange visit)	
APPROX. VALUE OF PROJECT	

YOUR ROLE IN THIS PROJECT (please tick)

LANI	DSCAPE DESIGN	SOFT LANDSCAPING ELEMENTS
PROJ	JECT MANAGEMENT	IRRIGATION
EART	THWORKS (CIVIL WORKS)	LIGHTING
CONS	STRUCTION	MAINTENANCE
HARI	D LANDSCAPING ELEMENTS	OTHER

Please provide a written quote/contract (or both) for this project by attaching a copy to your application.

SITE 2

EMAIL ADDRESS ADDRESS CONTACT NAME & NUMBER (to arrange visit)	EMAIL ADDRESS ADDRESS	NAME OF GUIDNIE/G	
ADDRESS	ADDRESS CONTACT NAME & NUMBER (to arrange visit)	NAME OF CLIENT/S	
	CONTACT NAME & NUMBER (to arrange visit)	EMAIL ADDRESS	
	CONTACT NAME & NUMBER (to arrange visit)	ADDDEGG	
CONTACT NAME & NUMBER (to arrange visit)		ADDRESS	
	APPROX VALUE OF PROJECT	CONTACT NAME & NUMBER (to arrange visit)	

YOUR ROLE IN THIS PROJECT (please tick)

LANDSCAPE DESIGN	SOFT LANDSCAPING ELEMENTS
PROJECT MANAGEMENT	IRRIGATION
EARTHWORKS (CIVIL WORKS)	LIGHTING
CONSTRUCTION	MAINTENANCE
HARD LANDSCAPING ELEMENTS	OTHER

Please provide a written quote/contract (or both) for this project by attaching a copy to your application.

SITE 3

NAME OF CLIENT/S		
EMAIL ADDRESS		
ADDRESS		
CONTACT NAME & NUMBER (to arrange visit)		
APPROX. VALUE OF PROJECT		

YOUR ROLE IN THIS PROJECT (please tick)

LANDSCAPE DESIGN	SOFT LANDSCAPING ELEMENTS
PROJECT MANAGEMENT	IRRIGATION
EARTHWORKS (CIVIL WORKS)	LIGHTING
CONSTRUCTION	MAINTENANCE
HARD LANDSCAPING ELEMENTS	OTHER

Please provide a written quote/contract (or both) for this project by attaching a copy to your application.

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PHONE

REFERENCES

NAME

EMAIL

You are required to provide:

- ₹ one industry reference (including a written letter of reference this can be attached with your application or sent directly to admin@landscapingvictoria.com.au), and
- ₹ two credit references

INDUSTRY REFERENCE (LV Master Landscapers member preferable, or a contact working within the landscape industry)

BUSINESS

EMAIL			
CREDIT R	EFERENCE (suppliers you regularly purchase goods o	r services from)	
NAME	BUSINESS	PHONE	
EMAIL			
NAME	BUSINESS	PHONE	

APPLICATION CHECK-LIST (please ensure all of the below items are included prior to submitting your application)

Incomplete applications will not be processed.

Certificate of Business Registration				
Proof of Industry Qualification	No. of Qualifications included			
Other Qualifications/Memberships				
Certificate of Currency (Public Liability Insurance)				
If you do not have insurance we recommend you cor	ntact our preferred partner Insurance House on 03 9235 5207.			
LV Master Landscapers Members receive a free insurance 'Health Check' across their insurance program. To take up this obligation free offer tick YES and a specialist broker will contact you to arrange an appointment. Co-Invest Proof: Please provide relevant documentation that you contribute to Co-Invest (Commercial Long Service Leave Scl				
Business Plan/Outline (a one-page summary of your	r business objectives)			
If you do not have a Business Plan, suitable template	es are available here:			
www.business.vic.gov.au/setting-up-a-business/how	v-to-start-a-business/write-a-business-plan			
OH&S Policy (outline of your safe working environm	nent including safety equipment, chemical handling etc.)			
If you do not have an OH&S Policy, please book an a	appointment with Worksafe Victoria.			
www.worksafe.vic.gov.au/safety-and-prevention/sm	nall-business/worksafe-ohs-essentials-program			
Letter of Reference (Industry)				
Required images as outlined on Page 3				



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CODE OF CONDUCT

Members of Landscaping Victoria Incorporated believe that the interests of the community at large can best be served through the observance of a Code of Ethics which recognises that community confidence in the landscaping industry is enhanced by:

- ₹ Honesty and Courtesy
- ₹ Integrity for work and Industry

To further these aims, Landscaping Victoria Master Landscapers members are expected to:

- ₹ Enhance and foster professional and ethical practice in rendering services;
- ₹ Maintain the highest standards of honesty and integrity to clients, fellow members and the community;
- ₹ Comply with all laws and regulations in the conduct of their business;
- Encourage educational development and training at all times;
- ₹ Encourage a spirit of harmony and co-operation between members;
- * Act in a manner which advances the standing of the industry in the community.

DECLARATION

I certify that the information contained in this application is true and correct.

I hereby agree, if accepted for membership of Landscaping Victoria Master Landscapers, to be bound by the Terms and Conditions of the Association, found here, and the above Code of Conduct.

In the event I am no longer a member of Landscaping Victoria Master Landscapers, I agree to remove all reference to membership and I will cease to use the LV Master Landscapers logo and any written reference to being a member. I will advise Landscaping Victoria Master Landscapers of my resignation in writing as per the Terms and Conditions of the Association.

NAME	SIGNATURE			
DATE				

DISCLAIMER: Landscaping Victoria Master Landscapers retains the right to accept or reject an application. Completion of application may take up to 12 weeks. All benefits attributed to each membership will be valid and must be utilised within that financial year. No refund of credit will be issued for unused components of memberships.

FEES

Application Fee: \$300	An invoice will be sent to you upon receipt of this application.	
	Application fees are not refundable once an application has been made.	
	If application is successful, an invoice for annual membership will then be sent.	
Membership Fees: \$810	Membership Fees are invoiced and payable upon confirmation of a successful application. Fees are	
(\$615 Regional Members*)	invoiced annually as at June 30 no matter when membership is taken up.	
Additional Membership Categories:		
2 nd Category \$225		
3 rd Category or more \$175 per category		



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WHAT HAPPENS NOW?

		TIME FRAME
1.	Application is reviewed by Landscaping Victoria Master Landscapers administration	1 week
2.	If approved to proceed, assessment you will: a) be notified in writing b) be invoiced for the application fee	1 week
3.	Upon receipt of payment your file will be sent to the Membership Portfolio for assessment	2 weeks
4.	If approved by the Membership Portfolio, your application will be reviewed by the Board at the next gazette Board Meeting	Subject to Board Meeting
5.	If approved for membership you will:	1 week
6.	Upon approval for Membership by the Landscaping Victoria Master Landscapers Board you will be invoiced for a subscription fee. On receipt of your Membership fee in full you are recorded as a Member of the Association and will have entitlement to the Associations benefits and entitlements, applicable in your nominated category. Membership fees are payable in advance, with rates applicable to the various Membership groups of Landscaping Victoria Master Landscapers Membership reviewed and set by the Board each year. No concessions or discounts are applicable to Membership fees. Upon receipt of payment you will be sent a Membership Pack with full details of your benefits, your obligations and your membership login details.	1 week
7.	If you are not accepted for membership You may be offered Provisional Membership. This will be at the discretion of the assessor and the Board. You may remain a Provisional Landscape Builder Member for up to 12 months. In this time your portfolio of work can be expanded upon. A further assessment of works completed during this time will be required in order to potentially grant you full Registered Landscape Builder membership. Please refer to the Provisional Member Application form for more details.	Up to 12 months

If you have any queries, please call the Landscaping Victoria office on 8761 9137.

We wish you every success in your application.