Foundation Standard Exemptions Request Form

This form should be completed by the practice and submitted to [quality@rnzcgp.org.nz](mailto:quality@rnzcgp.org.nz)

The exemption request will be reviewed by the College and the practice notified of the decision. If the request has been approved, the practice is to upload the approved exemption form to Foundation Standard Smartsheet.

Once the practice completes the required evidence, for example, an approved fire evacuation scheme, please upload this to the smartsheet and notify [quality@rnzcgp.org.nz](mailto:quality@rnzcgp.org.nz)

**Please note:** Foundation certification may be revoked or suspended as per the Foundation Standard Terms and Conditions if a practice fails to provide evidence within expected timeframes. Please contact us for a further extension if you are having trouble meeting the deadline.

Please complete all fields

|  |  |
| --- | --- |
| **Practice contact details** | |
| Practice name |  |
| Practice contact name |  |
| Title/ designation |  |
| Practice contact email |  |
| Practice contact phone |  |
| Practice address |  |
| PHO |  |
| PHO Quality Lead email |  |
| Assessor name (if applicable) |  |
| **Exemption request details** | |
| Foundation Standard version | * 2020 * 2022 |
| Indicator and criteria e.g., 2.3 |  |
| Date of Request |  |
| Building Ownership  (if request relates to the building) | * Not building owner * Practice owned * Leased from related party * Leased from external unrelated party |
| Reason for exemption request  Please include supporting evidence if available, for example evidence of training bookings, fire evacuation applications. |  |
| Action plan or steps taken to meet criteria |  |
| Duration of exemption requested |  |

Name and designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Exemption Decision - For College use only** | | | |
| **Practice name:** | | | |
| **Indicator:**  **Criterion:** | | | |
| Date Received: | | Date Acknowledged: | Assigned to: |
| 🞏 Additional evidence provided  🞏 Additional information requested from the practice or PHO  🞏 Received additional information  Date received: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | | |
| College Decision | 🞏 Approved for exemption based on the evidence provided  Date approved: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Exemption expires: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | |
| 🞏 Request declined  Date declined: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Decline reasoning: | | |
| Signature of authoriser |  | | |
| **Notification of decision** | | | |
| Notified: | | Date decision notified: | |
| 🞏 Practice contact | |  | |
| 🞏 PHO contact e.g., (if fire evacuation scheme) | |  | |
| 🞏 Assessor/s | |  | |
| 🞏 Record added to practice file in iMIS | | | |