

Application for VFMA Accreditation 2015

Farm Based Fruit & Vegetable Producer

Who is this form for?

Farm based producers whose main product range is **vegetables and/or fruit**. The form also covers **nuts, honey, herbs, plant/flowers** and **value added produce** where the main ingredient is from the applicant's own farm.

Please Note

- a) You must have applied to be a VFMA member before submitting this form.
- b) It is your responsibility to ensure that the information that you provide is accurate and truthful.
- c) Should your application fail because you have failed to comply with (b) above, or your application is incomplete, you may be charged an additional fee to resubmit.

If you are uncertain whether this is the correct form for your product type, please contact the VFMA office.

Telephone: 03 9207 5508

Email: office@vfma.org.au

Accreditation process

1. Completion of this form is the first step towards VFMA accreditation.
2. Your application for *accreditation*, will FAIL if you:
 - Sell or repackage any primary product other than your own farm produce.
 - Sell art and/or craft
 - Sell bric-a-brac
3. Please ensure payment of \$30 is made when submitting this form – payment details are included in Section 2. **Please note**, this is a non-refundable contribution towards processing costs.
4. We will acknowledge receipt of your accreditation application by email if an email address has been provided. Allow for 2 to 5 weeks for an outcome as the Accreditation Advisory Panel (AAP) who assess your application meet monthly. Please note: If the information provided is insufficient it may cause delay or rejection of your application.
5. The AAP will issue one of the following four verdicts:
 - a. Your application has been accepted on the basis of your signed declaration.
 - b. The Panel require further information (details will be provided).
 - c. The Panel has selected your property for an inspection.
 - d. Your application has been rejected.
6. If successful (verdict a.), you will be notified by a member of the VFMA staff and an accreditation certificate will be sent to you via mail. These must be displayed at **accredited markets only**.

Compliance

It is important to appreciate the obligations that Accreditation places on you when trading at one of our markets. Accreditation is our promise to customers that your produce complies with the requirements of VFMA Accreditation.

The Accreditation system relies for a large part on your integrity as a stallholder. Failure to meet the commitments that you make here may result in loss of membership and the trading opportunities that it provides.

An inspection of your property may take place at any point with minimal notification. A Market Manager or VFMA Inspector may carry out a 'Market Day Inspection' at any time during an accredited market. They will check that you are only selling products which are on record as VFMA accredited. Participation in these inspections and Market Day Assessments is compulsory to maintain your accreditation.

Benefits of Membership & Accreditation

Benefits include:

- **The satisfaction of knowing that you are part of an important movement that aims “to stand up for Victorian farmers, strengthen the viability of local producers and to jointly defend our food sovereignty through the support and promotion of Accredited Farmers’ Markets.”**
- **The opportunity to trade at VFMA Accredited Farmers’ Markets where the fruits of your labour are appreciated and recognised for their provenance.**
- **Access to high quality markets where your business is conducted in an environment where re-sellers are prohibited**
- **A producer profile on our website**
- **Connection with markets seeking stallholders** - If you are looking to attend more markets please notify us and we will endeavour to connect you with Market Managers.
- **Subscription to our monthly Industry eNewsletter** - keeps you up to date about news related to our industry.
- **Media opportunities** - which focus on attracting more visitors to VFMA accredited farmers’ markets and highlighting authentic producers.

Filling out this form

This registration form has been broken down into sections; please ensure you complete all the information that is relevant to you for each section.

If you produce wine or olive oil from your own plants, please provide details in section 5. Provide details of the finished product in section 7.

If you find you require more space for a particular section please use a separate sheet of paper as a supplementary page and clearly mark your Trading Name and the section to which it refers at the top.

Section 1: Your farm details

Salutation (please tick): MR /MRS /MISS /MS

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business Name
(registered to ABN)

ABN:

--	--	--	--	--	--	--	--	--	--	--	--	--

Trading Name
Will appear on your accreditation
certificate

Postal address – will be used for VFMA mail correspondence

Address line 1:

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Address line 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--

Postcode:

--	--	--	--	--

Phone numbers – tick preferred method of contact

Business:

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--	--	--	--	--	--

--	--	--	--	--

Mobile:

--	--	--	--	--

--	--	--	--	--

--	--	--	--

Home:

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Fax:

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Email:

Website:

W	W	W	.																

Section 2: Membership

Please tick which member markets you are **ALREADY** attending from the list below, regardless of whether it is continual attendance or seasonal. **DO NOT** check those that you **WISH** to or have **APPLIED** to attend in future.

- | | | |
|--|--|---|
| <input type="checkbox"/> Bendigo | <input type="checkbox"/> Euroa | <input type="checkbox"/> Mooroopna |
| <input type="checkbox"/> Bentleigh | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Mornington |
| <input type="checkbox"/> Bonbeach | <input type="checkbox"/> Fitzroy Street – St Kilda | <input type="checkbox"/> Mt Eliza |
| <input type="checkbox"/> Boroondara | <input type="checkbox"/> Flemington | <input type="checkbox"/> Old Cheese Factory - Berwick |
| <input type="checkbox"/> Carlton | <input type="checkbox"/> Gasworks - Albert Park | <input type="checkbox"/> Riddells Creek |
| <input type="checkbox"/> Casey-Berwick | <input type="checkbox"/> Golden Plains | <input type="checkbox"/> Substation |
| <input type="checkbox"/> Castlemaine | <input type="checkbox"/> Heathcote | <input type="checkbox"/> Slow Food - Abbotsford Convent |
| <input type="checkbox"/> Coal Creek | <input type="checkbox"/> Hurstbridge | <input type="checkbox"/> Sunraysia - Mildura |
| <input type="checkbox"/> Coburg | <input type="checkbox"/> Kingston | <input type="checkbox"/> Tallarook |
| <input type="checkbox"/> Collingwood Children's Farm | <input type="checkbox"/> Koondrook-Barham | <input type="checkbox"/> University of Melbourne |
| <input type="checkbox"/> Echuca | <input type="checkbox"/> Kyneton | <input type="checkbox"/> Veg Out - St Kilda |
| <input type="checkbox"/> Eltham | <input type="checkbox"/> Lancefield | <input type="checkbox"/> Woodend |
| <input type="checkbox"/> Elwood | <input type="checkbox"/> Mansfield | |

Please state below which **other** markets you attend, if any.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Payment of a **\$30 application fee** is required (see below for payment instructions). Please note, this is a non-refundable one-off processing fee and must be made by the following methods:

For direct deposit / EFT, our account details are:

Account Name: Victorian Farmers’ Markets Association

BSB: 633 108 Account No: 1293 56499

Please put your Trading Name in the payment description so we can identify who it is from.

For payment by cheque:

Please make payable to:
Victorian Farmers’ Markets Association and send to:

Victorian Farmers’ Markets Association
Level 5, 24 Collins Street
MELBOURNE VIC 3000

Transaction details	
Reference no:	
Date transferred:	

Section 3: Promotional initiatives

The questions below relate to initiatives which will allow shoppers and Market Managers to find out about your business, discover which markets you attend and contact you directly.

Are you interested in having a producer profile on www.vicfarmersmarkets.org.au? Yes No

Are you interested in selling products direct to customers online? Yes No

Would you like your business details to be made available in the VFMA iPhone app? Yes No

If yes, please ensure you complete Producer Description on supplementary section at the end of this form.

Section 4: Farm, food production premise or additional growing or leased land(s) used for your product

If you have more than **one** farm, production premise or additional site, please provide details on a supplementary page(s). Write your Trading Name and 'section 4' at the top of page(s).

Address line 1:	<input type="text"/>
Address line 2:	<input type="text"/>
Suburb:	<input type="text"/>
State:	Postcode: <input type="text"/>

Phone number:

Section 5: Fruit, Vegetables, Nuts, Herbs and Plants (grapes / olive trees for wine / oils)

Do you sow from seed? Yes No

Do you propagate your plants? Yes No

Do you buy in plants to acclimatise/ mature? Yes If yes please state duration held on your property months No

For wine / oil, state the percentage of grapes / olives derived from:

Own land: % Bought in: %

List each product including individual varieties, which you intend to sell at a market, ***processed or unprocessed***, including season and growing area where applicable.

(1) Name of product & variety (eg: Navel orange):

Selling season from (name of month) to (name of month):		<input type="text"/>
Growing area (acres or square metres or number of pots/trees):		<input type="text"/>
Volume produced....	Weekly:	Annually:

(2) Name of product & variety:

Selling season from (name of month) to (name of month):		<input type="text"/>
Growing area (acres or square metres or number of pots):		<input type="text"/>
Volume produced....	Weekly:	Annually:

(3) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced	Weekly:		Annually:			
(4) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced....	Weekly:		Annually:			
(5) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced....	Weekly:		Annually:			
(6) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced....	Weekly:		Annually:			
(7) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced....	Weekly:		Annually:			
(8) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced....	Weekly:		Annually:			
(9) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced....	Weekly:		Annually:			
(10) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced....	Weekly:		Annually:			
(11) Name of product & variety:						
Selling season from (name of month) to (name of month):						
Growing area (acres or square metres or number of pots):						
Volume produced....	Weekly:		Annually:			
Please provide supplementary page(s) if required. Write your Trading Name and 'section 5' at the top of page(s)						

Section 6: Honey producers

Total number of hives you manage:

--	--	--

Are you registered with DEDJTR? Yes No

Provide number:

--	--	--	--

Are you a member of the Bee Association? Yes No

Provide number:

--	--	--	--	--	--

Do you pay a Honey levy to DAFF Yes No

How much did you pay in the last payment period?

--	--	--	--	--

List the different varieties of honey you sell at a farmers' market

- | | |
|-----------|------------|
| (1) _____ | (2) _____ |
| (3) _____ | (4) _____ |
| (5) _____ | (6) _____ |
| (7) _____ | (8) _____ |
| (9) _____ | (10) _____ |

Please provide supplementary page(s) if required. Write your Trading Name and 'section 6' at the top of page(s)

Section 7: Value added food produce

Document individually every value added product you intend to sell at a market where 50% or more of the ingredients are from your own farm. For value added products containing 50% or less ingredients from your own farm please use a **P4a** form

- | | | | | | | | | |
|------------|---------------|--|--|--|--|-----------------------------|---------------------------------|---------------------------------|
| (1) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (2) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (3) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (4) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (5) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (6) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (7) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (8) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (9) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |
| (10) _____ | Qty produced: | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | <input type="checkbox"/> Kg | <input type="checkbox"/> Litres | <input type="checkbox"/> Number |
| | | | | | | | | |

Please provide supplementary page(s) if required. Write your Trading Name and 'section 7' at the top of page(s)

List the percentage of your ingredients that originate from the following categories:

- | | |
|----------------------------|--|
| Your own land: _____ % | Another farmers' market stallholder: _____ % |
| Your local region: _____ % | Victoria: _____ % |
| Interstate: _____ % | Overseas: _____ % |

(continues on next page)

Section 8a: Non-food products, including garden inputs

List all non-food products which you intend to sell at a market and the percentage (%) of where the ingredients originate. For books complete Section 8b below.

If you outsource your production process please provide details:

Name: _____

Address: _____

When listing the origin choose from one of the following options (1- 6):

1. Own land

2. Another stallholder

3. Your local region

4. Victoria

5. Interstate

6. Overseas

If an ingredient's origin is 2, 3 or 4 please specify who they are from.

(1) Product name: _____ Percentage of overall sales: _____ %

Describe your process for making this product: _____

Ingredient	Origin (1-6)	If origin 2 - 4 Specify who they are from	%
Please ensure at least 80% of ingredients are listed.		Please ensure the total % does not exceed 100% or drop below 90%	Total % <input type="text"/>

Please list more ingredients on a supplementary page if required. Write your Trading Name, product number and 'section 8' at the top of the page(s)

(2) Product name: _____ Percentage of overall sales: _____ %

Describe your process for making this product: _____

Ingredient	Origin (1-6)	If origin 2 - 4 Specify who they are from	%
Please ensure at least 80% of ingredients are listed.		Please ensure the total % does not exceed 100% or drop below 90%	Total % <input type="text"/>

Please list more ingredients on a supplementary page if required. Write your Trading Name, product number and 'section 8' at the top of the page(s)

Section 8b: Non-food products, books

Books which are directly related to a producer or a producer’s property are eligible to be sold at accredited farmers’ markets. The sale of books must be complimentary to additional food related products.

Title: _____ Author : _____

How does the book relate to your property/ product? _____

Section 9: Produce outlets

List the number of different types of produce outlets that you currently use:

Type	Number	
Market:	_____	
Wholesale market or agent:	_____	
Supermarket:	_____	
Independent store:	_____	
Restaurants/café:	_____	
Other (please specify):	_____	Number: _____

What percentage of your produce is sold through farmers’ markets? _____ %

Section 10: Stallholders

List all stallholders (including yourself if attending) who sell your product at a market and state their involvement with the production process.

Please note that at least 1 stallholder selling your product at a market **must** have intimate knowledge of, and direct involvement with, the production process of any items for sale.

(1) Stallholder name: _____

Involvement role: _____

(2) Stallholder name: _____

Involvement role: _____

(3) Stallholder name: _____

Involvement role: _____

(4) Stallholder name: _____

Involvement role: _____

(5) Stallholder name: _____

Involvement role: _____

Please provide supplementary page(s) if required. Write your Trading Name and ‘section 10’ at the top of page(s)

Section 11: Current certification or accreditation

Please state all relevant certification or accreditation your business holds (eg: organic/ free range)

If claiming ‘organic’/’biodynamic’ or ‘free range’ you must provide details below.

(1) Certificate type: _____

Valid until (date): _____ / _____ / _____ Certification number: _____

(2) Certificate type: _____

Valid until (date): _____ / _____ / _____ Certification number: _____

Section 12: Accreditation Advisory Panel

Would you like to be considered for the VFMA Accreditation Advisory Panel?

Yes No

Please refer to the Accreditation Handbook for details about the role.

Section 13: Agreement of participation / declaration

Please note: if you answer 'No' to any part of this section VFMA will not issue you with a Certificate of Accreditation

I agree to become a member and pay my membership levy when required at every VFMA member market I attend

Yes No

I agree to participate in VFMA random inspections

Yes No

I agree to participate in VFMA market day assessments

Yes No

I agree to display my VFMA Certificate of Accreditation at every VFMA accredited market and not at any unaccredited markets

Yes No

I agree to adhere to the VFMA accreditation regulations

Yes No

I agree to adhere to the VFMA Charter

Yes No

I agree to display my Trading Name at VFMA accredited markets

Yes No

I agree to have all my products properly packaged and clearly priced and comply with FSANZ labelling regulations

Yes No

I agree to trade in accordance with the Trade Measurement Act 1995

Yes No

I grant the VFMA permission to release my contact details to the managers of VFMA member markets

Yes No

I declare that all the information I have given on this form including any attachments, is true and correct. I agree that the provision of false or misleading information in this form will result in the VFMA declining to issue me with a Certificate of Accreditation or cancelling and revoking my Certificate of Accreditation.

Yes No

Signature: _____

Date: / /

Print name: _____

Please keep a copy of your completed forms and return the original to the VFMA office:

Victorian Farmers' Markets Association
Level 5, 24 Collins Street
Melbourne VIC 3000

Telephone: 03 9207 5508
E-mail: office@vfma.org.au

Supplementary section

Trading Name: _____

By answering the following questions you will be helping us improve our services.

1.a) If you have requested your business details to be listed on the iPhone app, please include a 50-100 word description below.

2.a) Please indicate your reaction to each of the following statements:

- | | | |
|---|--------------------------------|-----------------------------------|
| I prefer to attend accredited markets | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| I sell more product at accredited markets | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| I value the principles behind accreditation | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| Accredited markets are generally better managed than unaccredited markets | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| I value the promotion that accredited markets and producers receive | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |

2.b) Would you be willing to provide the VFMA with a producer testimonial in future? Yes No

3.a) The VFMA continues to develop workshops or webinars relevant to our members. Please indicate your interest in participating in these workshops or webinars if the following topics are covered:

- | | | |
|---|-------------------------------------|---|
| Creating your own website | <input type="checkbox"/> Interested | <input type="checkbox"/> Not interested |
| Social media (eg: facebook, twitter) | <input type="checkbox"/> Interested | <input type="checkbox"/> Not interested |
| Enhancing your online presence (eg: eNewsletters) | <input type="checkbox"/> Interested | <input type="checkbox"/> Not interested |
| Sales strategies on market day | <input type="checkbox"/> Interested | <input type="checkbox"/> Not interested |

3.b) Please provide other topic suggestions:

3.c) What method of delivery would you prefer: in-person workshop online webinar

4.a) What are the 3 biggest challenges for your business at the moment?

1.
2.
3.

4.b) If there was 1 member benefit the VFMA could develop specifically for your needs, what would it be?

4.c) Do you have any suggestions, feedback or comments about the VFMA?