Green Star Accredited Professional

## Credit 1

## Individual Building Portfolio

## Project Name: [name]

## Project Number: GS- [####]

|  |  |  |  |
| --- | --- | --- | --- |
| Total Points available: | 1 | Points claimed: | [#] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | **Type** | **Criteria** | **Description** | **Claimed** |
| 1.0 | **Action** | **Accredited Professional** | **1 point** is available where at least one member of the team who delivers the certification is a ‘Green Star Accredited Professional – Performance’ during the performance period. | [#] |

# Project-specific technical questionS

|  |  |
| --- | --- |
| There are no project-specific technical questions for this credit. |  |
| There are project-specific technical questions for this credit and all responses received from the GBCA are attached. |  |

## 1.1 Accredited Professional

|  |  |
| --- | --- |
| **1.1.1 GSAP services** | |
| The GSAP – Performance has demonstrated active involvement with (or is a member of) facilities management staff of the premises seeking certification. |  |

Describe how or when the GSAP – Performance has provided the following support. Reference supporting evidence attached to the submission demonstrating how each of the requirements below has been carried out.

|  |  |
| --- | --- |
| a. Workshop or plan the *Green Star – Performance* submission and targets with the project team using the Submission Planner*,* Submission Guidelines and/or other relevant information. |  |
| b. Brief and participate in meetings with facilities management staff. |  |
| c. Promote and coordinate the incorporation of *Green Star – Performance* provisions, from initial project registration through to certification. |  |
| d. Review documentation for the *Green Star – Performance* submission. |  |

|  |  |  |
| --- | --- | --- |
| **1.1.2 Initial certification** | | |
| Provide name, start date and end date of GSAP(s) involved. |  | |
| Confirm that GSAP – Performance has:   * Been part of the team delivering the Green Star – Performance certification at the time of, or within one month following, project registration; OR * Been part of the team delivery the Green Star – Performance certification during the whole performance period. | | **[Y/N]** |
| A valid GSAP – Performance certificate for person(s) acting as GSAP for this project is attached. | | **[Y/N]** |

Identify where this information can be found within the supporting documentation provided.

| **Supporting Documentation**  (Name / title / description of document) | **Reference**  (Page no. or section) |
| --- | --- |
| *Letter of appointment from the client or head contractor* | [####] |
| [####] | [####] |

### DISCUSSION

Outline any issues you would like to highlight and clarify with the Certified Assessor(s).

|  |
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|  |

# DECLARATION

I confirm that the information provided in this document is truthful and accurate at the time of completion.

Provide author details, including name, position and email address:

|  |
| --- |
|  |

[Date]