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|  | **SOCIAL AUDIT**  **APPLICATION FORM** | Doc no | F01.SC |
| Revision no | 1 |
| Effective date | 01/07/2025 |
| Review Date | 01/07/2025 |
| Approved | |

# Document Overview

This document is intended for sites requesting a social audit. By completing it accurately and thoroughly, you will provide the necessary information to help us assess the scope of the audit, determine the number of audit days required, and identify the appropriate auditing team. The details provided will play a key role in ensuring the audit is tailored to your site's specific needs, facilitating a smooth and efficient process. We appreciate your commitment to transparency and cooperation in helping us evaluate your adherence to ethical, legal, and social responsibility standards.

# Special Consideration

Please ensure that all sites are listed, as multiple sites will impact planning and the offer. All information provided must be accurate and true. Note that an audit cannot be used as a Pre-Audit. **The audit can only be scheduled if the SAQ is approved, and the audit body is selected on the scheme Platform**. **Additionally, the Packhouse must be operational during peak activity (if applicable), with at least 66% of your workforce present.** Ensure that dog owners at worker housing are available for auditor safety, and a private location is provided for worker interviews, as management may not be present for worker interviews. All corrective evidence must be uploaded to the scheme Platform at least 5 days before the deadline for auditor review. In case of any active strikes or pandemics on-site, please notify the office promptly. Lastly, the application must be signed, confirming agreement to the terms and conditions and the accuracy of all information provided.

# Confidentiality Disclosure

By completing this application form, you acknowledge that all information provided will bekept private and confidential. This information will only be shared internally within our organisation and with the designated audit team during the audit process. It will not be disclosed to any third parties without your prior consent, unless required by law.

# **Auditee Company Overview – Pre Audit Planning Stage**

# Audit type (please select with an X)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SIZA Social initial audit |  | Announced |  | Unannounced |  |
| SIZA Social periodic audit |  | Announced |  | Unannounced |  |
| WIETA initial audit |  | Announced |  | Unannounced |  |
| WIETA periodic audit |  | Announced |  | Unannounced |  |
| SMETA initial audit |  | Announced |  | Unannounced |  |
| SMETA periodic audit |  | Announced |  | Unannounced |  |

## Site overview

|  |  |
| --- | --- |
| Site Information | |
| Audit A Number |  |
| Company Name |  |
| Site Name (If different from above) |  |
| Nearest Town to site |  |
| Company Registration Number |  |
| Company SDL Number |  |
| Company VAT Number |  |
| Company UIF Number |  |
| Company COIDA Number |  |
| Kindly provide an overview of any permits or CBA’s that are in place |  |

## Financial overview

|  |  |
| --- | --- |
| Site Information | |
| Company Name to invoice |  |
| Company Address |  |
| Financial Contact Person – Name  & Surname |  |
| Cell Phone Number 🕻 |  |
| Landline Number 🖀 |  |
| Email Address: 🖅 |  |

## Site Primary Contact Person – Audit Planning & Reporting

|  |  |
| --- | --- |
| Site Information | |
| Contact Person – Name & Surname |  |
| Designation within the company |  |
| Cell Phone Number 🕻 |  |
| Landline Number 🖀 |  |
| Email Address 🖅 |  |

## Site Profiling

|  |  |
| --- | --- |
| Site Information | |
| Overall Size of the site |  |
| Age of Site |  |
| Please provide details of Ownership and state year since owning the property |  |
| Please supply us with an introductory paragraph for your site |  |
| Please list all PUC’s |  |
| Please list all PHC’s |  |
| Please list any applicable cold room or drying facility codes |  |
| Drinking water obtained from |  |
| Irrigation water obtained from |  |
| Do you have any surveillance cameras on site? |  |
| Please list all the good practises on site pertaining to workers directly employed by the company i.e. bonuses, free housing, payment of provident funds etc. |  |
| Please list any projects where the greater community benefits i.e. HIV Programmes, clinic where community can be treated, sponsoring sports teams etc. |  |

## Company Certification overview

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please list the certifications obtained by your site | | | | |
| Certificate Type | Certificate / Site Number | Certificate Valid From | Certificate Valid to | If Applicable Score Achieved |
|  |  |  |  |  |
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## Company production unit overview

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| --- | --- | --- | --- | --- |
| Please list all sites which forms part of the registered company | | | | |
| Site Name | PUC | PHC | Site Physical Address | Distance from main site |
|  |  |  |  |  |
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## Production Overview

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Produce Overview: (Kindly list all types of products produced on site and not only what is being exported) | | | | |
| Type of products produced | Hectares | Quantity produced (Tonnage/ Cartons/Kg’s) | Activities (Harvesting, packing, cooling etc) | Harvesting window period |
|  |  |  |  |  |
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## Labour Sourcing

|  |  |
| --- | --- |
| Labour Recruitment Overview: | |
| From which areas do you source labour? |  |
| Please state the name & surname of the managers, supervisors and workers assisting with labour recruitment |  |
| Please list the name of the labour broker / service providers / subcontractors on site (if applicable) |  |
| How many workers does the labour broker supply (if applicable)? |  |
| What is the nature of the work conducted by the labour broker workers (if applicable)? |  |
| Does your neighbour or a friend sometimes assist you with key operational activities such as harvesting / spraying? If yes, please provide company name & SIZA account number and certificate expiry date (if applicable) |  |

## Labour Breakdown

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kindly provide an overview of your labour per site. List the total number of all worker types present on site per month over a 12-month period, inclusive of agency workers | | | | | | | | | | | | |
| Site Name: | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| No of workers |  |  |  |  |  |  |  |  |  |  |  |  |
| Production % |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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## Current Labour Overview

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current/peak period that the audit will be conducted in | | | | | |
| Kindly provide an overview of the current worker numbers. If you have a multisite, kindly reference the site name and provide the relevant information per site. | | | | | |
| Information | **Site \_\_\_\_\_\_\_\_\_** | **Site \_\_\_\_\_\_\_\_\_** | **Site \_\_\_\_\_\_\_\_\_** | **Site \_\_\_\_\_\_\_\_\_** | **Site \_\_\_\_\_\_\_\_\_** |
| Total Number of Permanent Male Workers |  |  |  |  |  |
| Total Number of Permanent Female Workers |  |  |  |  |  |
| Total Number of Seasonal Male Workers |  |  |  |  |  |
| Total Number of Seasonal Female Workers |  |  |  |  |  |
| Total Number of Labour Provider/Subcontractor Male Workers |  |  |  |  |  |
| Total Number of Labour Provider/Subcontractor Female Workers |  |  |  |  |  |
| Total Number of Piece Rate Male Workers |  |  |  |  |  |
| Total Number of Piece Rate Female Workers |  |  |  |  |  |
| Total Number of Young Worker Male Workers (16/17 year olds) |  |  |  |  |  |
| Total Number of Young Worker Female Workers (16/17 year olds) |  |  |  |  |  |
| Total Number of Night Work Male Workers |  |  |  |  |  |
| Total Number of Night Work Female Workers |  |  |  |  |  |
| Total Number of Migrant Male Workers |  |  |  |  |  |
| Total Number of Migrant Female Workers |  |  |  |  |  |
| Total number of permanent workers resigned in the last year |  |  |  |  |  |
| Total number of permanent workers recruited in the last year |  |  |  |  |  |
| Age of the youngest male in peak season employed by the site |  |  |  |  |  |
| Age of the youngest male in low season employed by the site |  |  |  |  |  |
| Age of the youngest female in peak season employed by the site |  |  |  |  |  |
| Age of the youngest female in low season employed by the site |  |  |  |  |  |
| Average length of employment: Permanent Workers |  |  |  |  |  |
| Average length of employment: Seasonal Workers |  |  |  |  |  |
| Nr of females in managerial / supervisory positions |  |  |  |  |  |
| Nr of males in managerial / supervisory positions |  |  |  |  |  |
| % of Male foreign workers |  |  |  |  |  |
| % of Female foreign workers |  |  |  |  |  |
| Nationality of Workers |  |  |  |  |  |
| Languages of Workers |  |  |  |  |  |

## Site Communication Overview

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Communication Overview | | | | | | | | | | | | | |
| Do you have any NGO’s / Unions involved on site? If yes please state name, % of workers belonging to union and nature of involvement | | | | | | | | | | | | Yes | No |
| Union Name | | 1. | | % of Workers belonging to the union | | 1. | | | Nature of involvement | | 1. | | |
| 2. | | 2. | | | 2. | | |
| 3. | | 3. | | | 3. | | |
| Do you have a workers committee on site?  If yes, please state the number of representatives for each employment type | | | | | | | | | | | | Yes | No |
| Nr of perm male reps |  | | Nr of perm female reps | |  | | Nr of seas male reps |  | | Nr of seas female reps | |  | |

## Company Operational Hours Overview

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Kindly provide an overview of your company operational hours. Please list all working hours for all groups of employment. | | | | | |
| Hours: | **Summer Time**  **\_\_\_\_\_ to \_\_\_\_\_** | **Winter Time**  **\_\_\_\_\_ to \_\_\_\_\_** | **Security** | **Other:** | **Other:** |
| Start of 1st Shift Hours: |  |  |  |  |  |
| Break Time: |  |  |  |  |  |
| Start of 2nd Shift Hours: |  |  |  |  |  |
| Break Times: |  |  |  |  |  |
| Start of 3rd Shift Hours: |  |  |  |  |  |
| Day End: |  |  |  |  |  |
| Working Days of Week:  (Mon – Friday) or (Mon – Saturday) |  |  |  |  |  |

## Company Infrastructure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Kindly indicate the quantity of the infrastructure per site. If you have a multisite, kindly reference the site name and state the quantity of buildings per site. | | | | | |
| Infrastructure type: | **Site \_\_\_\_\_\_\_\_\_** | **Site \_\_\_\_\_\_\_\_\_** | **Site \_\_\_\_\_\_\_\_\_** | **Site \_\_\_\_\_\_\_\_\_** | **Site \_\_\_\_\_\_\_\_\_** |
| Packhouse |  |  |  |  |  |
| Cellar |  |  |  |  |  |
| Cold-room |  |  |  |  |  |
| De Greening Rooms |  |  |  |  |  |
| General Stores |  |  |  |  |  |
| Equipment stores |  |  |  |  |  |
| Chemical Rooms |  |  |  |  |  |
| Fertiliser Rooms |  |  |  |  |  |
| Workshops |  |  |  |  |  |
| Filling Points |  |  |  |  |  |
| Pumphouses |  |  |  |  |  |
| Boreholes |  |  |  |  |  |
| Dams |  |  |  |  |  |
| Canals |  |  |  |  |  |
| Rivers |  |  |  |  |  |
| Worker Hostels |  |  |  |  |  |
| Free standing worker houses |  |  |  |  |  |
| Worker Canteens |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |

## Audit History

|  |  |
| --- | --- |
| Audit History  NB: Please attach your previous audit report and certificate | |
| Date of previous audit |  |
| Rating Achieved |  |
| Audit company used |  |
| Name of Allocated lead auditor |  |

## Supply Chain Overview

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please list details of local and export contact points | | | | | | | | |
| Please provide an overview of all the exporters or local market agencies used by your company | | |  | | | | | |
| Kindly confirm that you are not a Tesco supplier (please note with a x and sign | | | **I am not a Tesco supplier Site signature:** | | | | | |
| Name and contact details of exporter | | | **Name:**  **Email:**  **Contact number:** | | | | | |
| Main Export Markets | | |  | | | | | |
| Other Major Customers | | |  | | | | | |
| If an off-site packhouse is used kindly confirm entity name and which products are packed example:  Banana’s -Packhouse A  Avo’s - Packhouse B | | |  | | | | | |
| Do you pack for any 3rd party growers?  If so, kindly provide the following information: | | | | | Yes |  | No |  |
| Company Name |  | **Type of Social audit in place (SMETA; SIZA; Grasp or equivalent)** | |  | **Certificate expiry Date** | |  | |
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## Audit Logistics

|  |  |
| --- | --- |
| **Directions and Accommodation** | |
| **Closest airport to site** |  |
| **Nearest town to site** |  |
| **Is the road to the site to be audited tar/sand/gravel? Please note any issue regarding road condition and safety.** |  |
| **Kindly recommend accommodation in the area (if auditors need to stay over)** |  |

## Management Confirmation

Herewith, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm and accept responsibility for the accuracy and completeness of the information supplied. We acknowledge that failure to provide clear and concise information may result in additional costs to the site.

|  |  |
| --- | --- |
| **Site Confirmation** | |
| **Date** |  |
| **Management Representative Name & Surname** |  |
| **Management Signature** |  |