**APPLICATION FOR LISTING AS AN ACCREDITED**

 **PERSONNEL CERTIFIER**

**Notes on completing this form**

1 Read the form carefully before filling it in.

2 Please fill in with black or dark blue pen.

3 Photocopies of sample certificates supporting your application and your Terms & Conditions must be supplied with the completed form.

4 You should not necessarily confine your remarks to this form, and you may include an organisation structure if you wish to show your relationship to other organisations connected to your business.

5 An application must be accompanied with the full application fee.

6 When completed, this document must be sent to The Administration Manager of ASCB. at admin@ascb.com Photocopies of sample certificates should also be included.

7 In submitting this application, the applicant agrees to abide by the terms and conditions of ASCB, amended if appropriate, if a contract is entered into.

8 The normative reference for your accreditation will be ISO 17024 latest version.

9 **This application shall not be used for conformity assessment purposes.**

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| **NAME OF FIRM:** |  |
| **LEGAL STATUS (***Ltd = Limited Company, ST = Sole Trader, PT = Partnership, PLC = Public Limited Company, OT = Other.)* ***Note: Organisation must be a legal entity.*:** |  |
| **WORKS ADDRESS:** |  |
| **SURNAME AND FORENAME OF PRINCIPLE CONTACT:** |  |
| **PRINCIPLE CONTACT EMAIL:**  |  |
| **EMAIL FOR GENERAL ENQUIRES** *(this will appear on the accreditation statement on the ASCB website)***:** |  |
| **TELEPHONE:** |  | **MOBILE:** |  |
| **WEBSITE:** |  | **FAX:** |  |

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| **ORGANISATIONAL STRUCTURE****Please attach an organisation structure** |
| Managing Director |  |
| Company Secretary |  |
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| Note 1. Full CV and evidence of skills and competence will be required for the above, and other key persons.Note 2. Add a separate organisation diagram.Note 3. Please indicate family or similar relationships between the above. |

Please advise if in the last two years, you have had a business relationship with any other personnel certification body. If so, please give name and summary details. Please advise reason for not continuing that relationship.

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Please advise if in the last two years, you have had a business relationship with any other personnel certification body that may have lost its accredited status. Please state your role in that organisation.

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Please advise the reasons for seeking ASCB accreditation. (e.g. reputation, technical approach, market awareness, user-friendliness, cost effectiveness etc.).

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Please advise any matter that may be deemed significant when adjudicating your application should it come to light at a later date.

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| **CONFIRMATIONS** |
| Do you choose Option 1 or Option 2 financial payment method (see ASL(G)63 for more information)? |  |
| Do you require assessment regarding ISO 17024? Please note that if “YES” you will have to have strong separation of training and exam/certification functions. *Where ISO 17024 assessment and registration is required by the training institute as part of Option 1 financial payment method, a further assessment fee is charged to cover the additional time required to review the ISO 17024 management system (see ASL(G)63 for more information).* |  |
| Do you realise that it is a requirement for organisations seeking ASCB accreditation that they should be set up for, and implement a management system, in recognition of ISO 9001? |  |
| Do you agree to obtain the necessary consent from all clients/individuals for personnel certificates and personnel photographs to be listed at ASCB’s defined register, currently located at [www.irqao.com](http://www.irqao.com)? |  |
| Do you have a documented quality management system in accordance with ISO 9001:2015? |  |
| If the management system is not available now, when will it be ready? |  |
| How long have you been operating as a personnel certification body? |  |
| Do you have proof of your status as a legal entity?This should be provided.  |  |
| Do you operate at sites other than the main address given on page 1? |  |
| Would you classify yourself as a primary, secondary, further education or higher education training institute? |  |
| Have you worked with any other ASCB accredited organisation before? |  |
| If yes, who? |  |

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| I confirm that in order to be accredited by ASCB, our organisation:(i) will need an extensive document review and examination of evidence which is only begun following payment of the initial Administration Fee which is non-refundable.(ii) will need a review and continuing research into our activities and the principal members of our management team pursuing technical, professional and ethical lines of enquiry(iii) may need a visit by an ASCB officer(s) to our premises to verify the substance of documents and our arrangements as a personnel certification body,(iv) may need to have our certification activities witnessed at our clients’ sites,(v) will need continuing levels of surveillance by ASCB,(vi) will need to provide the travel and accommodation costs of ASCB at our expense and paid for in advance of the activity.(viii) will agree to list all certificates and renewals at the ASCB nominated listing web site (currently www.irqao.com) for which initial and annual fees may be payable (subject to fee structure).(ix) will enter an agreement for continuing payments to ASCB based upon a Memorandum of Understanding and a Contract?Please confirm your understanding, agreement & acceptance to the above statements and declaration that the information on this application form is correct to the best of your knowledge.Signature: Print Name:Date:Position in the organisation (job title): |

State each type of personnel certification and applicable standards offered on a separate line. Attach a copy of the standards if they are unlikely to be recognised at a national level.

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| **Trade/Field/Job/Method** | **Applicable Standard** | **Description of Scheme** |
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 Use continuation sheets if necessary

Please attach a description of the physical venue provisions and equipment.

Please indicate the extent of use of empanelled services

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Please describe the routines exercised within your organisation for the identification, development, proving, and delivery of training syllabi. (Attach appropriate or sample procedure if more convenient.)

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Please describe the examination and test arrangements. (Attach appropriate or sample procedure if more convenient.)

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In order to assist us please give a brief and concise résumé of your organisation. Please provide a description of your organisation’s mission and target market sectors and any other information that you may feel would be helpful to ASCB in adjudicating your application. Indicate how long you have been trading. If you are a start-up, indicate previous experience or attach a CV.

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|  | **CHECKS** |
|  | 1 | Have you signed the confirmation on page 2? |  |
|  | 2 | Have you provided proof of legal identity? |  |
|  | 3 | Have you provided a purchase order or have the necessary authorisation to request payment of an ASCB invoice? |  |
|  | 4 | Have you completed all sections in the above form inserting N/A (not applicable), if appropriate? |  |
|  | 5 | You have read, understood and accepted document ASB(G)32 regarding our authority? |  |
|  | 6 | Do you understand that this is only an application and that ASCB provide no undertaking that your application will be successful? Additionally, if your application is unsuccessful, the application fee will not be returned? |  |
|  | 7 | Terms & Conditions and Operation Conditions for Personnel Certification Bodies ASL(G)27.1? |  |
| 8 | Have you attached descriptions of course development and examination & test? |  |
| 9 | Do you understand that a contract agreement will be necessary before you are awarded any level of accreditation? A sample contract is available upon request. |  |
| 10 | Have you understood that you agree to register all your certificates at www.irqao.com upon issue and that you will pay an initial listing and an annual renewal fees (if applicable) for each extant certificate? |  |
| Signed Date  |

**Receipts/invoices will be sent upon request**

**THIS FORM WILL BE RETURNED IF ALL SECTIONS ARE NOT APPROPRIATELY COMPLETED**

**Any section not applicable should be struck through and initialled**

**REFER TO GUIDE 74 FOR INFORMATION ON BECOMING ACCREDITED**

**PLEASE COPY / SCAN AND RETURN THIS FORM TO:**

**ASCB. 8 The Green, Dover, DE, 19901, United States**

**Tel 00 1 302 310 5048**

**admin@ascb.com**

**URL: http//:www.ascb.com**