**Applying for Proposed schedule of exam/evaluation**

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| **Scheme no.** |  |
| **Date of evaluation/ exam** |  |
| **Location** |  |

**Certification applied**

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| **Certification applied for** | **√ Auditor** | | **Lead auditor** | |
| **Standard applied for** | **√ ISO 9001** | **ISO 14001** | **ISO 45001** | **ISO 22000** |
| **ISO 27001** | **Others Please specify** | |  |

**Sponsorship details**

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| **Applying as** | **Self** | **Sponsored by Company** |
| **If sponsored by company** | **Name of company:** | |
| **Note : Name of sponsor will not be given on certificate, Only commercial invoice can be raised.** | | |

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| **Candidate details**  Paste  Recent  Photo Graph |

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| **A. Personal Information** | | |
| **1** | **Name of Candidate** |  |
| **2** | **Father’s/ Husband Name** |  |
| **3** | **Date of Birth / Age** |  |
| **4** | **Current Address** |  |
| **5** | **Permanent Address & phone no** |  |
| **6** | **Marital Status** |  |
| **7** | **Do you require any special accommodation?** |  |

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| **B. Educational Information** | | | | |
| **Qualification** | **Institute / university** | **Class / Division** | **Year of Passing** | **Certificate Copy should be enclosed** |
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| **Do you have minimum education required in certification scheme: YES / NO** | | | | |

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| **C. Experience Profile** | | | | |
| **Date of joining** | **Name of Organization** | **Designation with Responsibilities** | **Reporting to** | **Evidence of experience should be enclosed** |
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| **D. Management system training undertaken** | | | |
| **Dates training** | **Type of training**  **(40 hours conforming to IPC SC-11-02)** | **Approved Training Organization** | **Certificate copy should be enclosed** |
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| **E. Audit Experience in last three years:** | | | | | |
| **Date of audit** | **Total manday** | **Standard** | **Type of audit**  **(1st, 2nd or 3rd party)**  **Internal Audit,**  **External audit** | **Name of organization, responsible for audit** | **Log sheet/summery of audit should be enclosed** |
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| 1. **I agree to comply with the certification requirements and will supply any information needed for assessment.** 2. **I agree to keep examination material confidential and will not discuss the content of examination with others.** 3. **I understand that if am found of using unfair means during examination, QACS will disqualify me and will not allow me appear in examination for next 3 years.**   **I here by affirm that the information given above is true to best of my knowledge and belief, I have read and understood the certification scheme as applicable to my application for award of certificate of personal.** | |
| **√**  **Signature** | **Date** |

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| **Declaration for Protection of personnel information.**  **I understand that QACS will share all my information as provided in this form with accreditation board during assessment, Including my examination copies and results.**  **I agree / not agree to allow QACS to put following information in public domain. (Please tick appropiete)**  **1. Name**  **2. Geographical location.**  **3. Certificate Number and validity.**  **4. Status of certificate**  **5. Standard against which certified.**  **I understand that if am not agree to allow QACS to put above mention information in public domain then validity & authenticity of certificate cannot be verified by my prospective employer on QACS website.**  **I understand that in QACS will share the above information with my prospective employer directly only if I ask for it.**  **√**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of candidate** |

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| **Code of Conduct for Certified Auditor (Auditor/Lead Auditor)**   1. I will comply with the relevant provisions of the QACS certification scheme. 2. I will make claims regarding certification only with respect to the scope for which the QACS certification has been granted. 3. I will not use the certification in such a manner as to bring QACS into disrepute, and not to make any statement regarding the certification which QACS considers misleading or unauthorized. 4. I will discontinue the use of all claims to certification that contain any reference to the QACS or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body. 5. I will not use the certificate in a misleading manner. 6. I will comply with Sop for use of certificate and logos & marks (P-PC-08). 7. I will submit annual professional development papers and annual fees in timely manner. 8. I understand failure to submit annual professional development papers along with applicable fees may result in suspension or withdrawal of certificate. 9. I will maintain ethic, confidentiality and impartiality as expected from as Management system auditor as per ISO 17021-1, ISO 19011, as applicable. 10. I accept that the QACS (The certification body), who has issued the certificate is the sole owner of the certificate. | |
| **Name of candidate** |  |
| **√ Signature** |  |
| **Date** |  |

Only for QACS Use

Review of application

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| --- | --- | --- | --- | --- | --- | --- | --- |
| SL | Particular | Comment | | | | | Remark if any |
|  | Candidate | Self | | Sponsored | | |  |
|  | Application for certification to | Auditor | | Lead auditor | | |  |
|  | Applicable standard |  | | | | |  |
|  | Education | Suitable | | Unsuitable | | |  |
|  | Copy of education certificate enclosed | YES | | NO | | |  |
|  | Do have work experience in lieu of education | Yes | NO | | NR | |  |
|  | Copy of work experience in lieu of education available | YES | NO | | | Copy required | |
|  | Work Experience | Suitable | Unsuitable | | | Work experience copy required | |
|  | Audit experience in last three year | YES | NO | | |  | |
|  | Audit log sheet enclosed | YES | NO | | | Log sheet must required | |
|  | Audit experience suitable for | Auditor | LA | | |  | |
|  | Training taken | Yes | NO | | | Copy of training certificate | |
|  | Has candidate signed **“Declaration for Protection of Personnel Information”** | YES | | NO | | |  |
|  | Has candidate allowed to share identified information on public domain | YES | | NO | | |  |
|  | Has candidate signed **“the code of conduct for certified Auditor”** | YES | | NO | | |  |
| Application and documents:   |  |  |  | | --- | --- | --- | | Acceptable | Acceptable after Modification | Not acceptable |   The reason for acceptable after modification:   |  |  | | --- | --- | | Applied for auditor with no audit experience | Applied for Lead auditor with less audit experience |   The reason for Not accepting application: applicant do not have following   |  |  | | --- | --- | | Minimum Education as per scheme | Work experience in lieu of education. |   Verified by :  Name/Signature / Date | | | | | | | |
| Acceptance of Application approved by:  Name/ signature/Date | | | | | | | |