

Section 1



## APPLICATION FOR LISTING AS AN ACCREDITED PERSONNEL CERTIFIER

## Notes on completing this form

- 1. Read the form carefully before filling it in.
- Sample certificates supporting your application and your client terms & conditions must be supplied with the completed form.
- 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.
- After a successful application review, an invoice for the full fees must be settled before ASCB commences any assessment.

- 5. When completed, this document must be sent to the Administration Manager of ASCB at admin@ascb.com
- 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.
- 7. The normative reference for your accreditation will be ISO 17024 latest version.
- 8. This application shall not be used for conformity assessment of management systems purposes.

NAME OF FIRM:				
LEGAL STATUS (Ltd = Lim	ited Company,	ST = Sole Trader, PT = Pai	rtnership, PLC = Public Limited	1
Company, OT = Other.) <b>Note:</b>	Organisation	n must be a legal enti	ty.:	
WORKS ADDRESS:				
SURNAME AND FORENA	ME OF PRIN	NCIPLE CONTACT:		
PRINCIPLE CONTACT E	VAIL:			
The following contact infor	mation will ap	ppear on the accreditat	ion statement on the ASC	CB website
EMAIL FOR GENERAL E	NQUIRES			
TELEPHONE:			MOBILE:	
WEBSITE:				
	,			
Section 2				
Organisational Structu	re (please a	attach an organisati	on structure)	
Please list senior manager statement on the ASCB we		title below. The follow	ring information will appea	ar on the accreditation
Job title F		Full Name		
CEO or Managing Direct	or			



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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.

**Section 3:** 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.

**Section 4:** Please advise if in the last two years, you have had a formal or informal business relationship with any other certificate issuing body that may have lost its accredited status. Please state your role in or relationship with that organisation.

**Section 5**: Please advise the reasons for seeking ASCB accreditation. (e.g. reputation, technical approach, market awareness, user-friendliness, cost effectiveness etc.).

**Section 6:** Please advise any matter that may be deemed significant when adjudicating your application should it come to light at a later date.

Section 7: 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.	
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 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?	
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 <a href="https://www.gbar-ab.org">www.gbar-ab.org</a> ?	
How long have you been operating as a personnel certification body?	



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-	ou have proof of your status as a legal entity (company trade licence, 'This should be provided.	
Do yo	ou operate at sites other than the main address given on page 1?	
	d you classify yourself as a primary, secondary, further education or education training institute?	
Have	you worked with any other ASCB accredited organisation before?	
If yes	, who?	
Secti	on 8: Applicant agreement	
I conf	firm that to be accredited by ASCB, our organisation:	
(i)	will need an extensive document review and examination of evidence following payment of the initial Administration Fee which is non-refund	lable.
(ii) (iii)	will need a review and continuing research into our activities and the pour management team pursuing technical, professional and ethical line may need a visit by an ASCB officer(s) to our premises to verify the su	es of enquiry
\ III /	Thay hood a viole by an AOOD office (3) to our profitions to verify the st	

- 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.gbar-ab.org) 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.

declaration that the information on this application form is correct to the best of your knowledge.	ledge.
Signature:	
Print Name:	
Date:	
Position in the organisation (job title):	



Trade/Field/Job/

Method

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**Description of Scheme** 

**Section 9:** 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.

**Applicable Standard** 

Section 10: Please include in you equipment.  Section 11: Please indicate the experience of the section 11: Please indicate the section 11: Please ind		Use continuation sheets if necessary ion of the physical venue provisions and
Content III. I loade intaleate the Co	Active of add of time party c	JOINTOOS
<b>Section 12:</b> Please describe the redevelopment, proving, and deliver convenient.)	outines exercised within your of training syllabi. (Attack	our organisation for the identification, nappropriate or sample procedure if more



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pı	rocedure if	f more convenient.)	
a yo	descriptio ou may fee	To assist us please give a brief and concise résumé of your organisation. Please per of your organisation's mission and target market sectors and any other information would be helpful to ASCB in adjudicating your application. Indicate how long you be g. If you are a start-up, indicate previous experience or attach a CV.	n that
	Section	15: CHECKS	
	1	Have you signed the confirmation in Section 8?	
Ì	2	Have you provided proof of legal identity?	
Ì	3	Have you provided a purchase order or have the necessary authorisation to request payment of an ASCB invoice?	
Ì	4	Have you completed all sections in the above form inserting N/A (not applicable), if appropriate?	
ŀ	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.gbar- ab.org upon issue and that you will pay an initial listing and any annual renewal fees (if applicable) for each extant certificate?	
	Signed	Date	

Section 13: Please describe the examination and test arrangements. (Attach appropriate or sample





## 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 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