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For office use only (confidential when completed)

Date Received

Application fee

Certification no:

Part 1 PERSONAL DETAILS

1

TITLE (Mr, Mrs, Ms, Dr etc)

Male Female

Surname or family name

First or given names

Second name or known
as

Nationality

Date of Birth

(Please tick this box if you would like your home address to be your main address for our online register)
Home or correspondence address

Country

Postcode/Zip code

Name you wish to appear on your certification card:

Telephone no.

Fax no.

Email

BUSINESS DETAILS

(Please tick this box if you would like your business address to be your main address for our online register)

Name of organization

Address

Country

Postcode/Zip code

Telephone no.

Fax no.

Email

TYPES OF CERTIFICATION FOR WHICH YOU ARE APPLYING

2

Please tick to identify the programme (s) you are applying for:
Please also ensure you have read the relevant criteria document prior to applying.

Quality Management Programme (QMS 2000 IRCA/602)	<input type="checkbox"/>
TickIT Management Programme (IRCA/162)	<input type="checkbox"/>
Aerospace Management Programme (IRCA/C5) Part 1 / Part 2 (delete as appropriate)	<input type="checkbox"/>
Maritime Management Programme (IRCA/C8)	<input type="checkbox"/>
Business Continuity Management Programme (BCMS IRCA/1012)	<input type="checkbox"/>
Social Systems Management Programme (SS IRCA/302)	<input type="checkbox"/>
Occupational Health & Safety Management Programme (OH&S IRCA/502)	<input type="checkbox"/>
Environmental Management Programme (EMS IRCA/202)	<input type="checkbox"/>
Information Security Management Programme (ISMS IRCA/802)	<input type="checkbox"/>
Food Safety Management Programme (FSMS IRCA/902) Part 1 / Part 2 (delete as appropriate)	<input type="checkbox"/>
Information Technology Services Management Programme (ITSMS IRCA/1002)	<input type="checkbox"/>

EDUCATION

3

Year	Award	Course/subjects
Educational establishments		Qualifying authority
Year	Award	Course/subjects
Educational establishments		Qualifying authority

MEMBERSHIP OF PROFESSIONAL BODIES

4

Professional Body	Date elected	Grade
Professional Body	Date elected	Grade

AUDITOR TRAINING

To check if your auditor training course is certified/recognized by IRCA, please visit our website www.irca.org and use our "Find a Course" search facility

From	To	Name of organization conducting training
Title of course or training programme		Results
Course certified by		

From	To	Name of organization conducting training
Title of course or training programme		Results
Course certified by		

REGISTER INFORMATION

6

Please select the appropriate scope from the 39 scopes (amalgamated from the NACE codes by European co-operation for Accreditation) which can be supported by your experience:

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Agriculture and fishing | <input type="checkbox"/> 17 Basic metals and fabricated metal products | <input type="checkbox"/> 32 Financial intermediation; real estate and renting |
| <input type="checkbox"/> 2 Mining and quarrying | <input type="checkbox"/> 18 Machinery and equipment | <input type="checkbox"/> 33 Information technology |
| <input type="checkbox"/> 3 Food products, beverages and tobacco | <input type="checkbox"/> 19 Electrical and optical equipment | <input type="checkbox"/> 34 Engineering services |
| <input type="checkbox"/> 4 Textiles and textile products | <input type="checkbox"/> 20 Shipbuilding | <input type="checkbox"/> 35 Other services |
| <input type="checkbox"/> 5 Leather and leather products | <input type="checkbox"/> 21 Aerospace | <input type="checkbox"/> 36 Public administration |
| <input type="checkbox"/> 6 Wood and wood products | <input type="checkbox"/> 22 Other transport equipment | <input type="checkbox"/> 37 Education |
| <input type="checkbox"/> 7 Pulp, paper and paper products | <input type="checkbox"/> 23 Manufacturing not elsewhere classified | <input type="checkbox"/> 38 Health and social work |
| <input type="checkbox"/> 8 Publishing companies | <input type="checkbox"/> 24 Recycling | <input type="checkbox"/> 39 Other social services |
| <input type="checkbox"/> 9 Printing companies | <input type="checkbox"/> 25 Electricity supply | <input type="checkbox"/> 98 Other |
| <input type="checkbox"/> 10 Manufacture of coke and refined petroleum products | <input type="checkbox"/> 26 Gas supply | |
| <input type="checkbox"/> 11 Nuclear fuel | <input type="checkbox"/> 27 Water supply | |
| <input type="checkbox"/> 12 Chemicals, chemical products and fibres | <input type="checkbox"/> 28 Construction | |
| <input type="checkbox"/> 13 Pharmaceuticals | <input type="checkbox"/> 29 Wholesale and retail trade; repair of motor vehicles, motorcycles, personal and household goods | |
| <input type="checkbox"/> 14 Rubber and plastic products | <input type="checkbox"/> 30 Hotels and restaurants | <input type="checkbox"/> 99 Please tick the box if you are available for Private work |
| <input type="checkbox"/> 15 Non-metallic mineral products | <input type="checkbox"/> 31 Transport, storage and communication | |
| <input type="checkbox"/> 16 Concrete, cement, lime, plaster etc. | | |

WORK EXPERIENCE

7

Please include a detailed description of your general work experience and your sector/programme

related work experience (QMS, EMS, OH&S, FSMS, ISMS, TickIT, ITSMS, BCMS, Social Systems, Aerospace, Maritime) and the duration of your experience

From month/year

To month/year

Job title

Name of organization and department

Work experience

Sector/Programme related experience & duration

From month/year

To month/year

Job title

Name of organization and department

Work experience

Sector/Programme related experience & duration

From month/year

To month/year

Job title

Name of organization and department

Work experience

Sector/Programme related experience & duration

From month/year

To month/year

Job title

Name of organization and department

Work experience

Sector/Programme related experience & duration

DECLARATIONS

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I apply for certification and confirm that I understand and agree to the following conditions:

1. I shall observe and abide by the IRCA code of conduct.
2. The details which I have given on the application form (except personal details where indicated) will be published in the IRCA register.
3. I shall declare any information that may reasonably be considered to affect adversely my ability to perform effectively my audit obligations.

I confirm that the information contained in this application is correct to the best of my knowledge and belief. I understand and accept that, if I provide incorrect information or withhold relevant, requested information, I am likely to be excluded or removed from the IRCA register. I also understand that, once certified, I am obliged to notify IRCA without delay of any changes to my circumstances which, if declared when I made my first application, might have caused IRCA to exclude me from the register.

Signed

Date

Part 2 SPONSORS

9

Declaration by proposer and seconder: I recommend the candidate as a person in every respect worthy of consideration for certification. I confirm that I have satisfactorily verified the applicant's compliance with the education, training and work experience requirements of the applicable IRCA certification criteria.

Proposer's name (block letters)

Professional qualifications/relationship to applicant

Business name and address

Postcode/Zip code

Telephone no.

Fax no.

Email

Signed

Date

Seconder's name (block letters)

Professional qualifications/relationship to applicant

Business name and address

Postcode/Zip code

Telephone no.

Fax no.

Email

Signed

Date

PART 3 ORGANIZATIONS EMPLOYING AUDITORS (OEA)

10

We, as an OEA recognised by IRCA, support the applicant for certification and confirm that we have satisfactorily verified the applicant's compliance with the education, training, work and audit experience requirements of the applicable IRCA certification criteria.

Name of organization

Address

Postcode/Zip code

Telephone no.

Fax no.

Signed on behalf of the organization employing auditors

Date

Name (block letters)

Position in organization

Application Checklist



(Please complete the checklist before sending in your application to IRCA for review)

I have:

- | | | |
|---|----------------------------------|--------------------------|
| Provided full mailing and business details | (Section 1) | <input type="checkbox"/> |
| Specified the type of certification programme I wish to apply for | (Section 2) | <input type="checkbox"/> |
| Included documentary evidence to support my technical & academic qualifications | | <input type="checkbox"/> |
| Included a copy of my auditor training certificate , stating successful completion | | <input type="checkbox"/> |
| Recorded sufficient work experience | (Section 7)
(Guidance note 7) | <input type="checkbox"/> |
| Recorded sufficient sector related experience stating duration | (Section 7)
(Guidance note 7) | <input type="checkbox"/> |
| Signed and dated the declaration | (Section 8) | <input type="checkbox"/> |
| Obtained signatures from a proposer and a seconded | (Section 9) | <input type="checkbox"/> |
| Included payment of the application fee | | <input type="checkbox"/> |

For applicants submitting IRCA/106 audit logs, we also need you to:

- | | |
|--|--------------------------|
| Complete your audit logs in full , paying close attention to the details required at the head of each column.
Please ensure that verification is obtained by the auditee | <input type="checkbox"/> |
| Total number of full system audits included | |
| Total number of days on-site | |
| Total number of days off-site | |
| Supply the contact details of the directing and guiding Lead Auditor who may be required to attest to your competence
(Section 9 IRCA/106 audit log) | <input type="checkbox"/> |

Please ensure that all information submitted is clear as any information that may be un-readable will delay the processing of your application.

General Information

The following information is important. Please read it carefully before you complete your application form. Should you need help in completing it, IRCA certification officers are always available to advise you.

- **Please submit your application fee with your application form. Details of the costs can be found on our website www.irca.org**
- We accept all correspondence in English, Chinese, Japanese, Italian or Spanish. For all other languages we will need correspondence in support of the application to be in English or accompanied by a certified translation.
- Please make sure that you complete all the appropriate sections of this form. If a section is not applicable to you, write 'N/A'. Complete Part 1 (1-8) and Part 2 (9) if you are applying on your own behalf. Complete Part 1 (1-8) and Part 3 (10) if you are applying through an organization employing auditors (OEA). Do not just write 'see attached', because we will not be able to consider forms marked in this way. If there is not enough room in any section to write all that you need to include there, then enter a brief summary and enclose the full details on additional sheets (which will need to be verified by your sponsors). **You should only sign the form when you have checked that all relevant sections have been completed correctly.**
- Please enter details of your audit experience on IRCA/106 audit logs. You must make sure that each entry in the audit log is verified either by your employer or by the auditee (the company that employed you) and where appropriate the directing and guiding Lead Auditor. We will not accept unverified entries. Please note that all details submitted in support of applications from all certified auditors will be subject to periodic verification.
- Please do not forget to enclose the current application fee (this fee is not returnable). Cheques, money orders etc. should be made payable to 'IRCA'. An invoice will be supplied on request. Do not send cash. If you are making an application you may pay by Visa, Amex or Mastercard, and the appropriate form is available on our website.
- When we receive your completed application, we will send you an acknowledgement. We will inform you whether your application has been successful as soon as the decision is made.
- This programme is governed in accordance with English law and is subject to the exclusive jurisdiction of the English courts.

Part I INFORMATION ABOUT YOU

1

Personal details

It is a condition of certification that details of your name and business will be published in the register and included in the IRCA database. Therefore, under 'Surname or family name', you must make sure that you enter your surname or family name, i.e. your main name that legally identifies you on your passport and will enable us to access the information about you in the IRCA database. If you also wish your home address to be entered in the register, please tick the box provided. Additionally, please provide us with how you would like your name to appear on your certification card, once certification has been awarded.

The register of auditors is available on our website.

2

Type of certification for which you are applying

Please tick the appropriate box to indicate the type of certification for which you are applying for. Please also ensure that you have read the relevant criteria document prior to applying to see if you meet our requirements for certification. Further details of all the programmes are available on request.

3 Education

Enter details of your education (school, college, university etc). You must enclose documentary evidence (photocopies are usually sufficient) which must be accompanied by a translation into English, Chinese, Japanese Italian or Spanish. For all other languages we will need correspondence in support of the application to be in English or accompanied by a certified translation.

4 Membership of professional bodies

Enter details of the professional bodies of which you are a member, quoting your membership number in each case.

5 Auditor training

You must have successfully completed: **either** an IRCA-certified auditor-training course presented by an IRCA-approved training organization **or** an auditor-training course certified by another training-approval body recognised and accepted by IRCA as being of an equivalent standard. The results you achieved must be supported by documentary evidence (a certificate stating successful completion). To check if your course is certified by IRCA, please visit our website www.irca.org "Find a Course" search facility. If your course does not appear in the register, you will be required to submit the course manual, presentation slide and delegate notes in order to review its equivalence to our criteria.

6 Register information

Please indicate the fields of experience that you wish marked against your entry in the register by ticking the boxes of the sectors in which you can claim experience. If there are other sectors not listed here in which you can claim experience, please tick box 98 and describe them in the space provided after 'Other'. Please also indicate if you are available for private work by ticking box 99.

7 Work experience

Enter your career details here, providing under 'Job title' a brief description of your general work experience duties and responsibilities. Additionally, we need you to provide a detailed description emphasising experience relevant to the sector or programme (QMS, EMS, OH&S, FSMS, ISMS, TickIT, Social Systems, Aerospace, Maritime, BCMS) for which you are applying. List this information in chronological order, beginning with your current or most recent experience. You may submit further information on an additional sheet or enclose a copy of your CV/Resume.

8 Declarations

You, as the applicant, must sign and date this section before passing the form to the proposer and seconder.

**9 EITHER
Part 2 SPONSORS**

The proposer and the seconder sponsoring you must then complete part 2.

A sponsor should ideally be a corporate member of a relevant professional institute and be someone who has detailed knowledge of your work experience (e.g. your line manager). Both proposer and seconder must have known you personally and your work for not less than two years.

They should check that all statements in your application form and supporting documents are complete and accurate before they sign the declaration.

OR

10 Part 3 ORGANIZATIONS EMPLOYING AUDITORS (OEA)

The relevant OEA's authorised signatory must then complete part 3. This section should only be completed if an applicant is applying through an IRCA approved OEA; these organizations are listed on the IRCA website.

IRCA is an operationally independent division of the Chartered Quality Institute, incorporated by Royal Charter and registered as a charity number 259678.

Headquarters and Registered Office: 12 Grosvenor Crescent, London, SW1X 7EE

