APPLICATION FORM FOR CERTIFICATION

| Part 1 - PERSONAL DETAILS (Note: Please complete en | tire form in black ink . | Other colors wil | ll be rejected). |
|---|--|----------------------|------------------|
| TITLE (Mr, Mrs, Ms, Dr etc) | | Male | Female |
| Surname or family name | | | • |
| First name | | | |
| Second name | | | |
| Certification number (if already certified) | | | |
| Nationality | Date of Birth | | |
| Home address | | | |
| Country | | | |
| Postcode/Zip code | | | |
| * Please note that your name will appear on your certification card | as: Title, First Name, Su | rname. | |
| Telephone no. | | | |
| Fax no. | | | |
| Email | | | |
| Twitter user name | \longrightarrow | | |
| * You must provide us with a valid email as many of our communication. Part 1 - BUSINESS DETAILS | ations are done ele <mark>ctron</mark> | <mark>icall</mark> y | |
| | | | |
| Name of Organization : | | | |
| Address: Country. | | | |
| Postcode/Zip code: | | | |
| Telephone no: | | | |
| Fax no: | | | |
| Email: | 3.75 | | |
| Liliali. | | | |
| Part 1 - OTHER ADDRESS | | | |
| Other address: | | | |
| Postcode/Zip Code : | | | |
| Telephone no: | | | |
| Fax no: | | | |
| Email : | | | |
| Fax no: | | | |
| * Provide this if for example if working extensively in a foreign cour | nty. | | |

| Part 1 – PREFERENCES | | | | | | | |
|--|---------------------------|-----------------------|--------------------------------|-------------------------------------|-----------------------|--------------------------------------|--|
| Which address would you like to be your main correspondence address? | | | | □Busines | ss Personal Other | | |
| Which address would you like invoices to be sent to? Business or Personal? | | | | (This will ☐Busines | ss □ Personal □ Other | | |
| Part 2 - TYPES OF CERTIFICATION FOR WHICH YOU ARE APPLYING | | | | | | | |
| Please complete th | ne table be | low | | | | | |
| Please indicate wit Please indicate wh | h an X whi ich grade y | ch schem ou wish t | e(s) you wish to be considere | to apply for. d for (select fron | n the follow | wing grades): | |
| Provisional Interna | al Auditor | Inter | nal Auditor | Provisional Audi | tor Audi | litor Lead Auditor Principal Auditor | |
| Consultant Senio | or Consulta | ınt Princ | cip <mark>al Consul</mark> tan | / / T | | | |
| | | | | | \rightarrow | 7 | |
| Part 3 - EDUC | CATION | | | M | D | | |
| Year | | Award | | Cours | se/subjects | S | |
| Educational establ | ishments | | | Qualifying autho | ority | | |
| Year | | Award | | | Course | e/subjects | |
| Educational establ | ishments | | | Qualifying authority | | | |
| Year | | Award | | | Course | e/subjects | |
| Educational establ | ishments | | | Qualifying authority | | · | |
| | | | | | | | |
| Part 4 - MEMBERSHIP OF PROFESSIONAL BODIES | | | | | | | |
| Professional Body | | | Date elected | | | Grade | |
| Professional Body | | | Date elected | | | Grade | |

| To check search fa | | training cours | _ | zed by QST, please visit our website www.quantascert.co.uk and use our "Find a Course" |
|-----------------------|-----------------------|-------------------|--------------------------------|--|
| From | | То | | Name of organization conducting training |
| Title of | course | | Results | |
| Course | certified by | | | |
| From | T | То | | Name of organization conducting training |
| Title of | course | | Results | |
| Course | certified by | | | |
| From | | То | | Name of organization conducting training |
| Title of | course | | Resul | ults |
| Course | certified by | | | Z/ \ \ \ \ \ |
| | | | | |
| Please se | | riate scope fr | ORMATION or the 39 scopes (ama | nalgamated from the NACE codes by European co-operation for Accreditation) which can |
| | 1 Agriculture a | nd fishing | ☐ 17 Basic me | metals and fabricated metal products |
| | 2 Mining and q | uarrying | ☐ 18 Machinei | anery and equipment 32 Financial intermediation; real estate and renting 33 Information technology |
| | 3 Food products, beve | rages and tobacco | 19 Electrica | cal and optical equipment 34 Engineering services |

| | ed by your experience: | 39 scopes (amalgamated from the NACE codes by Europe | ean co-oper | ration for Accreditation) which can |
|-------|---|--|-------------|--|
| □1 | Agriculture and fishing | ☐ 17 Basic metals and fabricated metal products | ı | |
| □2 | Mining and quarrying | ☐ 18 Machinery and equipment | | 32 Financial intermediation; real estate and renting 33 Information technology |
| □3 Fo | od products, beverages and tobacco | ☐ 19 Electrical and optical equipment | | 34 Engineering services |
| □4 | Textiles and textile products | ☐ 20 Shipbuilding | | 35 Other services |
| □5 | Leather and leather products | ☐ 21 Aerospace | | 36 Public administration |
| □6 | Wood and wood products | ☐ 22 Other transport equipment | | 37 Education |
| □7 | Pulp, paper and paper products | 23 Manufacturing not elsewhere classified | | 38 Health and social work |
| □8 | Publishing companies | ☐ 24 Recycling | | 39 Other social services |
| □9 | Printing companies | ☐ 25 Electricity supply | | 98 Other |
| | | ☐ 26 Gas supply | | |
| | Nuclear fuel Nuclear fuel | ☐ 27 Water supply | | |
| | Nucleal Tuel | 28 Construction | | |
| □12 (| Chemicals, chemical products and fibres | | | |
| □13 | Pharmaceuticals | 29 Wholesale and retail trade; repair of motor vehicles, motorcycles, personal and household goods | | |
| | | ☐ 30 Hotels and restaurants | | |
| □14 | Rubber and plastic products | | | |
| □15 | Non-metallic mineral products | 31 Transport, storage and communication | | |
| □16 (| Concrete, cement, lime, plaster etc. | | | |

Part 7 - WORK EXPERIENCE

Please provide a **detailed** description of your relevant work experience, including information about **specific tasks and responsibilities** that you had that relate to the sector scheme you are applying for (e.g. environmental, health and safety etc.). Give information about the **breadth and scope of your role** and explain whether you were responsible for quality* in one area, or across the entire organization. List this information in chronological order, beginning with your current or most recent experience. You may include within your application a copy of your CV, however this section must be fully completed.

* Quality is used as an example. The same guidance applies to all schemes.

PLEASE NOTE: This section must be filled in adequately, or it is likely that the application will be rejected and more information requested. **Please use multiple copies of this page as necessary.**

To month/year From month/year Name of organization and department Job title Work experience To month/year From month/year Name of organization and department Job title Work experience

Part 8 - SECTOR AWARENESS

(e.g. Environmental)

PLEASE NOTE: Here, Sector **does not** refer to industry (e.g. Chemical Industry). It refers to the broad categories associated with the schemes for which you are applying. For example; Quality Sector, Environmental Sector, Health & Safety Sector etc. This section must be filled in adequately, or it is likely that the application will be rejected and more information requested.

Please give a summary of the core elements of the sector(s) that relate to the schemes for which you are applying (less than 1000 words per sector is recommended). For example, for "Environmental", one could begin by explaining that the core elements are "aspects, impacts, methods of mitigation and legislation". Then one could pick a few examples of each and explain them briefly to demonstrate your understanding.

Please use multiple copies of this page as necessary.

Sector you are writing about:
(e.g. Environmental)

Sector you are writing about:

| Part 9 – MOTIVATION FOR APPLICATION | | | |
|--|--|--|---|
| What are your key motivations for applying fo | or QST registration? | | |
| Professional Recognition Working in 3rd Party Certification To be able to conduct 2nd Party (supplier) or audits Other (please specify) | internal | | |
| Where did you first hear about QST? | | | |
| Colleague / Word of Mouth Auditor Training Course Employer Online University / College | | | |
| Part 10 - DECLARATIONS | | | |
| I apply for certification and confirm that I understand and 1. I shall observe and abide by the QST code of 2. The details which I have given on the applicate QST register. 3. I shall declare any information that may reason and additional and additional and a shall declare any information of the shall declare any information of the shall declare any audit obligations. I confirm that the information contained in this application that, if I provide incorrect information or withhold relevant QST register. I also understand that, once certified, I am which, if declared when I made my first application, might | conduct. cion form (except personal conably be considered to af in is correct to the best of nt, requested information, obliged to notify QST with | I details where indicate fect adversely my abil my knowledge and be I am likely to be exclusion to the court delay of any char | lity to perform effectively elief. I understand and accept uded or removed from the ages to my circumstances |
| Signed Signed | Date Date | The fresh the region | Sci. |
| Part 11 – SPONSOR | | | |
| Declaration by proposer: I recommend the candidate confirm that I have satisfactorily verified the applicant's of the applicable QST/IPC certification criteria. Proposer's name (block letters) | as a person in every responding the education of the educ | ect worthy of consider ation, training and wor | ation for certification. I 'k experience requirements |
| Professional qualifications/relationship to applicant | | | |
| Business name and address | | | |
| Postcode/Zip code | | | |
| Telephone no. | Fax no. | Email | |
| Signed | Date | | |

| Part 12 - ORGANISATIONS EMPLOYING AUDITORS (OEA) | | | | | | |
|---|--|--|--|--|--|--|
| (Only to be filled in by organisations participating in the OEA auditor certification scheme. All other applicants should have their sponsor sign Part 11, even if their organisation does employ auditors) | | | | | | |
| | by QST, support the applicant for certification and confirm that we have satisfactorily verified the applicant"s ition, training, work and audit experience requirements of the applicable QST/IPC certification criteria. | | | | | |
| Name of organization | | | | | | |
| Address | | | | | | |
| Postcode/Zip code | | | | | | |
| Telephone no. | Fax no. | | | | | |
| Signed on behalf of the | organization em <mark>ploying auditors:</mark> | | | | | |
| Name (block letters) | Position in organization | | | | | |
| | | | | | | |



| Application Checklist | |
|--|--|
| (Please complete the checklist before sending in your application to QST for review) | |
| I have: | |
| | |
| Provided full mailing and business (Part 1) | |
| Specified the type of certification programme I wish to apply (Part 2) | |
| Included documentary evidence to support my technical & academic qualifications (Part 3) | |
| Included a copy of my auditor training certificate , stating successful completion (Part 5) | |
| Recorded sufficient work (Part 7) | |
| Completed Sector Awareness section adequately (Part 8) | |
| Recorded your motivation for application (Part 9) | |
| Signed and dated the declaration (Part 10) | |
| Obtained signature from a sponsor (Part 11) | |
| Included payment of the application fee | |
| For applicants submitting QST 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. | |
| 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 (QST audit log) | |

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

GUIDANCE NOTES FOR APPLICANTS

General Information

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

You must enclose the current application fee (this fee is not returnable) with your application. **Details of the costs can be found on our website www.quantascert.co.uk** Cheques, money orders etc. should be made payable to "QST". An invoice will be supplied on request.

Do not send cash. If you are making an application you may pay by Visa, Amex or Master card, and the appropriate form is available on our website. If you are paying by bank transfer, please clearly mark your full name on the transfer so that we are able to identify your payment. Please also ensure you add the cost of the transfer to your payment.

- We accept all correspondence in English. For all other languages we will need correspondence in support of the application to be in English or accompanied by a certified translation.
- Please enter details of your audit experience on QST 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/Consultant. 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.
- 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 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 QST 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 QST 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. (* You must provide us with a valid email as many of our communications are done electronically)

Part 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 and insert the grade for which you are applying. 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.

Part 3 Education

Enter details of you education (school, college, university etc). You must enclose documentary evidence (photocopies are usually sufficient) which must be accompanied by a translation into English, 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.

Part 4 Membership of professional bodies

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

Part 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.

Part 7 Work Experience

Give a detailed description of your work experience, including information about specific tasks and responsibilities that you had that relate to the sector scheme you are applying for (e.g. environmental, health and safety etc.). Give information about the breadth and scope of your role and explain whether you were responsible for quality* in one area, or across the entire organisation. List this information in chronological order, beginning with your current or most recent experience.

* Quality is used as an example. The same guidance applies to all schemes.
You may submit further information on an additional sheet or enclose a copy of your CV/Resume.

Part 8 Sector Awareness

In giving an account of the sector that you are applying for, things to consider are:

What are the key drivers within the sector?

What is the critical sector knowledge for auditors? Who are the governing bodies and regulators?

What are the "sector specific" components of the management system? (e.g. for Environment and ISO 14001 one could detail "Environmental Aspects" as a core element, and provide examples).

Part 9 Motivation for Application

Please tick the box that most accurately reflects your motivation for applying for QST certification

Part 10 Declarations

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

Part 11 Sponsor

The proposer sponsoring you must complete part 11. 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). The proposer 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.

Part 12 Organizations Employing Auditors (OEA)

The relevant OEA"s authorized signatory must then complete part 12. This section should only be completed if an applicant is applying through an QST approved IPC; these organizations are listed on the QST website.