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| **PLEASE COMPLETE THIS APPLICATION AS ACCURATELY AS POSSIBLE****(all items marked with an “\*” are required for the standard)** |
| **Organisation Name:\*** |  |
| **Company Registration No.: \*** |  |
|  |  |
| **Standards under application\*** | ISO 9001:2015 |  | ISO 14001:2015 |  | ISO 45001:2018 |  |  |  |
|  |  |  |  |  |  |  |  |
| ISO 22716:2007 |  |  ISO 22000:2018 |  | ISO 17100:2015 |  | ISO 50001:2018 |  |
|  |  |  |  |  |  |  |  |
| ISO 27001:2013 |  | HACCP |  | ISO 20121:2012 |  | EFfCI cGMP |  |
|  |
| **Type of Application\*** | Initial |  | Transfer |  | SSIP |  |  |  |
|  |  |  |  |  |  |  |  |
| Re-Audit |  | Scope Change |  | Gap Analysis |  |  |  |
|  |
| **Accreditation Required\*** **(select all required)** | UKAS |  | Advanced Certification is accredited by the United Kingdom Accreditation Service for ISO 9001, ISO 14001, ISO 45001 and SSIP |
|  |  |  |  |  |  |  |  |
| IAS |  | Advanced Certification is accredited by International Accreditation Service (USA) for ISO 9001, ISO 14001, ISO 45001, ISO 50001 and ISO 27001 |

**FOR A TRANSFER FROM ANOTHER CERTIFICATION BODY, PLEASE PROVIDE A COPY OF YOUR CURRENT CERTIFICATE(S) AND COMPLETE THE CONSENT TO OBTAIN CERTIFICATION INFORMATION APPENDIX TO THIS APPLICATION FORM**

|  |  |
| --- | --- |
| **Contact Name/Title\*** |  |
| **Position\*** |  |
| **Telephone\*** |  |
| **E-Mail\*** |  |
| **Website\*** |  |
| **Consultant Name\*** |  |

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| --- | --- | --- | --- |
| **Head Office Address: \*** |  | FTE Number of staff at site**\*** |  |
|  | Effective number of personnel# working from this site |  |
| **Scope of Management System\*** |  |
| **Site 2:** |  | FTE Number of staff at site |  |
|  | Effective number of personnel# working from this site |  |
| **Scope of Site Activity** |  |
| **Site 3:** |  | FTE Number of staff at site |  |
|  | Effective number of personnel# working from this site |  |
| **Scope of Site Activity** |  |
| **Please use additional pages for any additional sites** |

**# The effective number of personnel consists of all personnel (permanent, temporary, and part-time) involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include contractors/subcontractors’ personnel performing work or work-related activities that are under the control or influence of the organization, that can impact on the organization’s Management System performance. For Advanced Certification to provide the best possible service we request that you give a breakdown of the worker types within your organisation in the table below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Worker Classification | Total number | Shifts worked (if applicable) | Office based | Site based | Other comments that you feel may assist us in calculating the audit time. |
| Office Administration (sales, procurement, HR, etc…): |  |  |  |  |  |
| Top Management: |  |  |  |  |  |
| Manufacturing Staff: |  |  |  |  |  |
| Service Staff; |  |  |  |  |  |
| Construction Workers; |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |

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| --- | --- |
| **For Site based workers what is the typical number of active sites** |  |

|  |  |
| --- | --- |
| **Provide details of any part of your company’s overall activity that is outsourced\*** |  |
| **Provide details of the work carried out by your company away from your company sites\*** |  |

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| **Do all sites shall have a legal or contractual link with the head office**  | **Yes/No** |
| **Is the management system centrally controlled, administered and subject to central management review** | **Yes/No** |
| **Are all sites subject to the organization’s internal audit program** | **Yes/No** |

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| **Please complete this section for Integrated Management System Certification** |
| **Is your IMS an integrated documentation set, including work instructions to a good level of development:** | **Yes/No** |
| **Do your Management Reviews consider the overall business strategy and plan across all standards:** | **Yes/No** |
| **Do you have an integrated approach to internal audits** | **Yes/No** |
| **Do you have an integrated approach to policy and objectives** | **Yes/No** |
| **Do you have an integrated approach to systems processes** | **Yes/No** |
| **Do you have an integrated approach to improvement mechanisms** **(corrective and preventive action; measurement and continual Improvement)** | **Yes/No** |
| **Do you have Integrated management support and responsibilities** | **Yes/No** |
|  |  |
| **Please confirm the preferred language for the conduct of the audit\*** |  |

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| **Please complete this section for ISO 9001 Applications *only*** |
| **Please detail any legal requirements related to your products or services covered by the scope of your company activity: \*** |  |
|  |
|  |
| **Provide details of any Product Certification or Licenses (such as CE marking or equivalent) \*** |  |
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|  |  |  |  |  |  |  |  |  |  |  |

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| **Please complete this section for ISO 14001 Applications *only*** |
| **Please summarise the significant Environmental Aspects that you have identified\***  |  |
|  |
| **Please detail any Environmental legal requirements related to your company activity\***  |  |
|  |
| **Provide details of any Permits or Licenses held for Environmental matters\*** |  |
|  |

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| **Please complete this section for ISO 45001 Applications *only*** |
| **Please summarise the significant Hazards that you have identified\***  |  |
|  |
| **Please detail any hazardous materials that you typically use or come into contact with (give site specific details where appropriate) \*** |  |
|  |
| **Please detail any OH&S legal requirements related to your company activity\***  |  |
|  |
| **Do you recognise any Union(s), if so please give details\*** |  |
| **Please provide accident statistics for last two years and current year to date\*.** |
| **Type** | **Current year:** | **Last year:** | **2 years ago:** |
| **Major accidents/legal action**  |  |  |  |
| **Over seven days absences because of an incident** |  |  |  |
| **Dangerous occurrences** |  |  |  |
| **Accidents/Incidents – minor not requiring hospital treatment** |  |  |  |

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| **Please complete this section for ISO 22000/HACCP Applications *only*** |
| **Please Detail Any Critical Food Safety Risks You Have Identified: \*** |  |
| **How many HACCP Studies have been conducted: \*** |  |

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| **Please complete this section for ISO 20121 Applications *only*** |
| **Please summarise the significant Sustainability Issues that you have identified\***  |  |
|  |
| **Please detail any legal requirements related to your company activity\***  |  |
|  |

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| **Please complete this section for ISO 27001 Applications *only*** |
| **Please list the ISO 27001 Annex A control objectives and controls that are justified as exclusions\*** |  |
| **Number of system users\*** |  |
| **Number of servers\*** |  |
| **Number of workstations\*** |  |
| **Number of application development and maintenance staff\*** |  |
| **Provide details of Network and encryption technology in use as part of the ISMS\*** |  |
| **Please detail any Information security legal requirements related to your company activity\*** |  |
| ***Please advise If any ISMS related******information (such as ISMS records or information about design and effectiveness of controls) cannot be******made available for review by the audit team because it contains confidential or sensitive information*\*** |  |
| ***What is the current version of your Statement of Applicability*\*** |  |
| **Please select which of the following statements best describes your customer base\*** |
|  The Organization works in non-critical business sectors and non-regulated sectors |  |
| The Organization has customers in critical business sectors |  |
| The Organization works in critical business sectors |  |
| **Please select which of the following statements best describes your business processes\*** |
| Many persons doing work under the organization’s control carrying out the same tasks; few products or services |  |
| Standard but non-repetitive processes, with high number of products or services |  |
| ISMS covers highly complex processes or relatively high number or unique activities |  |
| **Please select which of the following statements best describes how integrated your ISMS with other standards\*** |
| ISMS is already well established and/or other management systems are in place |  |
| Some elements of other management systems are implemented, others not |  |
| No other management system implemented at all, the ISMS is new and not established |  |
| **Please select which of the following statements best describes how complex your IT Infrastructure is\*** |
| Few or highly standardized IT platforms, servers, operating systems, databases, networks, etc |  |
| Several different IT platforms, servers, operating systems, databases, networks |  |
| Many different IT platforms, servers, operating systems, databases, networks |  |
| **Please select which of the following statements best describes outsourcing arrangements\*** |
| Little or no dependency on outsourcing or suppliers |  |
| Some dependency on outsourcing or suppliers, related to some but not all-important business activities |  |
| High dependency on outsourcing or suppliers, large impact on important business activities |  |
| **Please select which of the following statements best describes development activity\*** |
| None or a very limited in-house system/application development |  |
| Some in-house or outsourced system/application development for some important business purposes |  |
| Extensive in-house or outsourced system/application |  |

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| **Please complete this section for ISO 50001 Applications *only*** |
| **Please provide details of the types of energy used by your company** **(EG: mains electricity, on-site generated electricity, steam, gas, LPG, fuel oil, water, solar, wind) \*** |  |
| **What was the total annual energy consumption of the organisation in kWh\*** |  |
| **Please give details of the number of staff that are actively involved in the EnMS\*** |  |

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|  |
| **How did you hear about Advanced Certification Ltd** |  |
| **When would you like your next audit to be scheduled for** |  |

|  |
| --- |
| **Application completed by** |
| **Name\*** |  | **Position\*** |  |
| **Signature\*** |  | **Date\*** |  |

**I understand that Advanced Certification Limited undertake reasonable processing of any information provided on the application, as per Data Protection Act 2018,**

**for the purpose of establish organization’s risk profile.**

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**Please return this application to:**

**Advanced Certification Limited**

**Kestrel Court, Harbour Road,**

**Portishead, Bristol, BS20 7AN**

**Tel: 01275 390568**

[**www.advancedcertification.co.uk**](http://www.advancedcertification.co.uk)

**sales@advancedcertification.co.uk**

**CONSENT TO OBTAIN CERTIFICATION INFORMATION**

**(Transfers only)**

In order for Advanced Certification to complete a Pre-Transfer Review as defined within the document IAF MD2:2017 section 2.2 specific information is required to be provided by the current Certification Body to Advanced Certification.

Please complete the below sections and sign the document to enable Advanced Certification to seek the relevant information from your current certification provider.

This is a consent for release of information about

 Your company name

I authorise

 Current Certification Body Name

to release to Advanced Certification the following specific information about this company:

* The initial certification or most recent recertification audit report(s),
* The latest surveillance report(s)
* Confirmation of certification status
* The status of all outstanding nonconformities
* Complaints received by the certification body relevant to the company is question and action taken
* Confirmation that the client’s certification remains valid and falls within the accredited scope of the current Certification Body
* Any other available, relevant documentation regarding the certification process.

This consent is not automatically renewable and it expires automatically 90 days from the date of signature

|  |
| --- |
| **Consent granted by** |
| **Name** |  | **Position** |  |
| **Signature** |  | **Date** |  |