This Application Form is intended as a self-description of your company. This questionnaire helps us to estimate the scope and resulting effort involved in the performance of a certification.

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| **General Business Information** |
| Company Name |  |
| Company Representative Name |  |
| Company Address |  |
| Contact Tel Number |  |
| Contact Email |  |
| Website |  |
| What would you like to appear on your certificate? (This is the scope of the certificate) |  |
| Key Processes and Activities your company performs |  |
| Relationships with other Corporations (Parent Company etc) |  |
| Do you out source or contract any of your activities? If so please detail |  |
| Any Exclusion (if any) |  |
| Detail any Applicable Legislation and/or standard(s) you work to |  |
|  |  |
| **Standard Specific Information** |
| Certification Standard(s) Required | ISO 9001:2015 | **[ ]**  | ISO 45001:2018 | **[ ]**  | ISO 27001:2013 | **[ ]**  |
| ISO 14001:2015 | **[ ]**  | ISO 22000:2018 | **[ ]**  |  |
| \*\*Other please specific:  |
| Documentation Language: | English |
| Is the documented system (Procedures, W.I., Forms/Formats etc.) has been implemented for a period of at least three months followed by at least one internal audit and a management review? |  |
| In the case of several certification programmes, would you like the audits to be combined or carried out separately? | **Combined** | **[ ]**  | **Separate** | **[ ]**  |
| If combined, specify the combination required |  |
| When do you expect to be ready for stage 1 assessment? (If Transfer go to Transfer Section\*) |  | When do you expect to be ready for Stage 2 Assessment? (If Transfer go to Transfer\*) |  |
| Have you used an external consultant or have you got any experience with Management Systems? | (If a consultant has been used, please specify) |
| How did you hear about UMS? |  |

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| **Site/Facility** |
| If more than one office location please detail number of employees at each location and the activity being performed at each location (This is only required if you want these sites certified): |
| Do you run shifts? If so, please give employee breakdown and types of work carried out for each shift: |
| If you operate on temporary sites (non-permanent/Construction Sites), please detail typical number of sites, number of employees and activities being performed: |

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| **Staff** |
| Total Number of Employees: |  |
| Is this all-full time employed? If no please detail: |  |
| How many employees doing repeated work? |  |
| Do you use contractors or sub-contractors? If so please detail: |  |

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| **Site / Facility/ Office (please continue on separate sheets for additional sites)** |
| Approx. size of office facility (sq. ft or sq. metres):  |
| Please provide a basic description of the office facility(ies) (include details of any contaminated land, nearby residential or recreational areas, bodies of water, sensitive areas, yard areas, car parking, storage etc): |

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| **Aspects, Impacts, Risks, Hazards** |
| Please identify any specific aspects, impacts, risks, hazards, legislation/legal obligations we should be aware of that are outside the normal operations of your type of organization: |

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| **\*Transferring Certification from another Certification Body** |
| Who are you currently certified by? |  |
| Why do you wish to transfer? |  |
| How many visits per year does your existing Certification Body perform? How many days per visit? |  |
| What was the last date you were audited by your Certification Body? |  |
| Were there any major non-conformances during your last audit? |  |
| Do you have any outstanding non-conformances from previous audits? |  |

**\*Please Include:**

|  |  |
| --- | --- |
| * **Copy of all previous audit reports (up to 3 years)**
 | [ ]  |
| * **Copy of your current certificate(s)**
 | [ ]  |

|  |  |
| --- | --- |
| Application completed by |  |
| Signature |  |
| Date |  |

Please provide any other information you have about your organisation to help us give you a quotation. For example: brochures; your Web address.