

Quality Management System

Company Form

CF-9a, Application Form for New Clients

Issued By:	Philip Moseley	Authorised by:	Alison Kelly
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Application for Certification

Please complete **fully** and return this form for the Registration of new management systems, or where you wish to transfer and /or extend your existing certification from another Accredited Certification Body.

If some of this information is already enclosed on existing documentation, please attach this and cross reference on the sections within this form.

Please also read CA-03 Rules of Certification which is available via our website, together with CA-08 Terms and Conditions of Sale. Please also attach any additional information highlighted on the final page.

Company Details

Company Name:			
Company Address:			
		Postcode	
Company Telephone:			
Website:			
Main Contact:			
Telephone:			
Email:			

Application Type. Please insert tick ✓			
New Registration	<input type="checkbox"/>	ISO 9001:2015 (Quality Management)	<input type="checkbox"/>
Transfer of Existing Certification (Complete table below)	<input type="checkbox"/>	ISO 14001:2015 (Environmental Management)	<input type="checkbox"/>
Extension to Scope	<input type="checkbox"/>	ISO 45001:20018 (Health & Safety Management)	<input type="checkbox"/>

Transfer of Existing Certification

Only complete this section if you are transferring your certification from another accredited certification body.

Certification Body:			
Certificate Ref:		Cert Expiry Date:	
Scope of Registration:			
Details of Exclusions: (e.g. design)			

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Company Activities - Please provide the following information

What is the nature of your business activities:	
Does any of your work activities include Design? If yes, please provide details?	
Who are your typical clients?	
What is your approximate annual turnover?	

Management System

Do you have a single management system across your organisation?	Please Tick ✓ box	YES		NO	
Define your central function <i>Note: The function that is responsible for and centrally controls the management system</i>					
Define the scope of your required certification and if applicable sub-scopes. <i>This will be the wording on your certificate.</i>					

Company Sites

If Applicable, please tell us how many of the following you have:

Type	Guide	Number
Head Office	<i>Head Office is the location from where all works are predominantly controlled.</i>	
Regional Offices	<i>A satellite office, e.g. a sales office, that is not part of the head office location.</i>	
Permanent Sites	<i>A fixed site where business activities are carried out on a continuing basis, for example a factory, that is not part of the head office location.</i>	

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Temporary Sites	<i>A site where business activities are carried out for a finite amount of time and is not intended to become a permanent working place for the company, e.g. a construction site. NB please indicate how many temporary sites you are likely to operate on at any given time.</i>	
Virtual Sites	<i>A Virtual location where a company performs work or provides service using an on-line environment.</i>	

Are the legal and contractual arrangements for each site identical?		YES		NO	
Which process/activities (if any) are centralised to all sites (e.g. purchasing, accounts, marketing, HR)					
Are there operational links between the sites or are they stand alone?					

If you have more than one site (**Excluding your Head Office**) include information here. (Add sites if needed)

Site	Central Function	Process/Activities at each site

Of these sites list any excluded for sample auditing e.g. those out of scope.	
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Personnel

Please tell us how many personnel you have in the following areas ensuring that ALL workers are accounted for. (Please also attach an Organisation Structure including contractors).

How many people do you employ in total?				
<i>Of which, please tell us how many people you employ in relation to the following areas: (If an employee's role relates to more than one area use a decimal e.g. 50:50 split 0.5 + 0.5)</i>				
Area	Quality	Environment	Health & Safety	
Senior Management				

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Accounts & Finance			
Sales & Marketing			
Compliance (HSEQ)			
Design			
Operational Staff			
Subcontractors			
Other: (Please State)			
Other: (Please State)			
Other: (Please State)			

Do any of your workers perform repetitive tasks. Provide details	
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Please provide details about any shift patterns currently operating	
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Subcontractors

If you outsource any of your processes, e.g. accounts, design, IT, etc, please provide details below:

Subcontractor/Supplier	Services Outsourced	Tasks Completed	% of Process Outsourced

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EMS/OHSAS Factors for ISO 45001 only

Only complete this section if you are applying for environmental and/or health and safety certification, if you answer yes, please provide short details.

Have you had any prosecutions/notices from HSE in the last 3 years?	
Have you had any prosecutions from Environment Agency in the last 3 years?	
Have you had any fatalities within the last 3 years?	
Do you work in locations where members of the public are present?	
Do you employ multi-lingual staff/subcontractors?	
Do you work in areas of special environmental interest, e.g. SSSI's?	
Do you work in/with COMAH sites?	

Please list below the processes which have associated OH & S risks or hazards

List of Processes	Key Hazards and OH&S Risks	Use of Associated Hazardous materials (if Applicable)

Please list below the processes which have associated Environmental risks or hazards

List of Processes	Key Hazards and Environmental Risks	Use of Associated Hazardous materials (if Applicable)

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List the legal obligations you are obliged to observe from the applicable OH&S / Environmental Legislation







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Application Request

-  The information provided in this application will enable us to produce a budget price / approximate programme for your accreditation.
-  Once price and programme are agreed, the Stage 1 and Stage 2 audit process will be implemented.
-  I confirm that we have read, understood and accept CA-03 Rules of Certification supplied by Iso Comply Limited.
-  I acknowledge that payments are required to be cleared funds in Iso Comply Limited's bank accounts 7 days before audits.
-  I undertake to provide information in relation to changes of address, scope, personnel involved in this process and scope covered by this request / certificate issued upon completion to enquiries@isocomply.com
-  Accreditation Certificates issued by Iso Comply Ltd are private documents and are solely issued electronically. These are not displayed or listed upon our website.

Please attach the following with your application (where appropriate):

<p><u>All Standards</u></p> <p><input type="checkbox"/> Organogram indicating any repetitive roles</p> <p><input type="checkbox"/> Accident Statistics (AFR/AIR) for past 3 years</p>	<p><u>For Transfers Only</u></p> <p><input type="checkbox"/> Current Certificate</p> <p><input type="checkbox"/> Most Recent Report</p> <p><input type="checkbox"/> Current 3-Year Plan</p> <p><input type="checkbox"/> Evidence of NCR Resolution</p>
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Name:		Position:	
Signature:		Date:	

We look forward to working with you so that the hard work and effort you have put into developing and implementing your management systems receives the formal recognition that it deserves and continually helps your business to improve and grow.

Please return a copy of this Application (Including any attachments) by email to enquiries@isocomply.com or by post to: **IsoComply Limited**, G3, Oaklands Office Park, Hooton Road, Hooton, Ellesmere Port, Cheshire, CH66 7NZ.