



SADCAS Ref. No:							
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## APPLICATION FOR THE APPROVAL OF PERSONNEL

**PART A: GENERAL INFORMATION**

Complete a separate form for each person and return to:

**Southern African Development Community Accreditation Service (SADCAS)**  
**Attention: Technical Manager**

**Postal Address:**

Private Bag 00320  
 Gaborone  
 Botswana  
 Tel: +267 3132909/ 3132910  
 Fax: +263 3132922  
 Email: [info@sadcas.org](mailto:info@sadcas.org)

**Physical Address:**

Plot 50369 Unit 3A Second Floor  
 Tholo Office Park, Fairgrounds  
 Gaborone  
 Botswana

**Please complete ALL applicable sections of the form in CLEAR PRINT or in type.**

Requirements for Nominated Representative and signatories are given in SADCAS TR 03. **Follow instructions carefully.** Submit a detailed CV and certified copies of qualifications together with this completed form. Forms are available from the SADCAS website or from the SADCAS Office/ National Accreditation Focal Point office.

If you wish to complete and forward the form by email, please note that SADCAS does not accept responsibility for breach of confidentiality of information or for the receipt of applications. **All applications submitted by email must be forwarded, duly signed, by surface/special courier mail.**

**Note:** If you do not receive acknowledgement of receipt of this form from SADCAS within four (4) weeks of dispatch you should contact the SADCAS Office.

<b>Date of Application</b>					
<b>Organization</b>					
<b>Name</b>				<b>Title</b>	
<b>Position</b>					
<b>Postal Address</b>					
<b>Physical Address</b>					
<b>Tel No:</b>		<b>Direct Tel No:</b>		<b>Fax No:</b>	
<b>Mobile No:</b>				<b>Email address:</b>	
<b>Field of Operation</b>					



<b>PART B: TYPE OF OPERATION OF ORGANIZATION</b>			
<i>Please tick appropriate</i>			
Product Certification Body	<input type="checkbox"/>	Verification Laboratory	<input type="checkbox"/>
Personnel Certification Body	<input type="checkbox"/>	Inspection Body	<input type="checkbox"/>
HACCP Certification Body	<input type="checkbox"/>	Medical Laboratory	<input type="checkbox"/>
QMS Certification Body	<input type="checkbox"/>	Testing Laboratory	<input type="checkbox"/>
EMS Certification Body	<input type="checkbox"/>	Veterinary Laboratory	<input type="checkbox"/>
FSMS Certification Body	<input type="checkbox"/>	Pharmaceutical Laboratory	<input type="checkbox"/>
IFMS Certification Body	<input type="checkbox"/>	Forensic Laboratory	<input type="checkbox"/>
Proficiency Testing Scheme Provider	<input type="checkbox"/>	Blood Transfusion Services	<input type="checkbox"/>
Calibration Laboratory	<input type="checkbox"/>		<input type="checkbox"/>
Other ( <i>Please specify</i> )			
Expertise of Individual			
<b>PART C: TYPE OF APPROVAL SOUGHT</b>			
<i>NB: Field(s) <b>must</b> be defined above. Please indicate choice(s) <b>clearly</b>.</i>			
<input type="checkbox"/> Nominated Representative	<input type="checkbox"/> Technical Signatory	<input type="checkbox"/> Contracted Technical Signatory	
<input type="checkbox"/> Other ( <i>specify</i> )			
<b>PART D: EDUCATION AND QUALIFICATIONS, ASSESSMENT EXPERIENCE AND WORKING EXPERIENCE</b>			
<i>Please attach a signed and dated copy of applicants' current CV and certified copies of relevant qualifications</i>			
<b>I confirm that the information contained in the attached CV is accurate.</b>			
Signed by applicant			
<b>NOTE 1:</b> <i>The applicant's immediate superior, technically competent in that field <b>must sign below</b> and initial those items in the attached CV of which he/she have personal knowledge.</i>			
<b>I confirm that to my knowledge the above information is accurate.</b>			
Name			Signature
Position			



**PART E: TO BE COMPLETED ONLY BY APPLICANT NOMINATED REPRESENTATIVE/CONTACT PERSON**

I hereby confirm that I have read and understand the terms and conditions of the following SADCAS requirements documents and commit to implement the requirements and responsibilities as defined in these documents and as amended from time to time:

<b>SADCAS Requirements Documents</b>	<b>Initial</b>
SADCAS TR 01 – Part 1: Conditions for the use of SADCAS Accreditation Symbol	
SADCAS TR 01 – Part 2: Use of Combined SADCAS Accreditation Symbol and ILAC MRA/IAF MLA Mark	
SADCAS TR 03 – Nominated Representative and Signatories: Responsibilities, Qualification and Approval	
SADCAS TR 06 – Suspension and Re-instatement of Accredited Organizations	
SADCAS TG 01 – Information for organizations applying for accreditation	
SADCAS AP 12: Part 1/Part 2/Part 3	
Any other SADCAS Documents relevant to the type of facility represented	

Name of Applicant

Signature

Date

**PART F: ADDITIONAL COMMENTS**

**PART G: FOR OFFICE USE ONLY**



<b>Support of approval by Team Leader /Technical Assessor / Scheme Coordinator</b>					
Name of Assessor / SC					
Signature		Date			
<b>Accreditation Approvals Committee (AAC) Decision</b>					
Unconditional Acceptance	<input type="checkbox"/>	Conditional Acceptance	<input type="checkbox"/>	Rejection	<input type="checkbox"/>
Ratified by AAC					
Signature of AAC member		Date			



*Example of a short CV*

**CURRICULUM VITAE**

Name : First Names and Surname  
Date : Year Month Day *(Date the CV was prepared)*

**Contact Details**

Address: Contract No : Home Number (H)  
: : Work Number (W)  
: : Cell Phone (Cell)  
Email Address :

**Employer Details**

Employer :  
Position : Laboratory Manager/ Metrologist/ Quality Manager/ Chemist etc.

**Education**

*List Secondary and Tertiary Education received, where received and dates received:*

- 
- 

**Short Course Attendance**

*List Short Courses Attended, where received and dates received:*

- 
- 

**Professional Status**

*List membership and registration by Professional Institute/ associations*

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- 
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**Work Experience**

- *List all of the core activities that you are responsible for, or tasks relevant to you areas of expertise.*
- *Include sufficient information so that specific competencies can be identified.*

**Training in Management Systems**

- *List relevant information on training received, list short courses under relevant heading.*
- *Information to include practical experience gained in the review and/ or development of management systems.*

**Papers and Publications (Optional)**

- *List papers presented at conferences, workshops. List the conference, date, and paper title, co-authors etc.*
- *List articles, papers published. List the Publication, date, vol. and title, co-authors etc.*

**Awards (Optional)**

- *List awards and significant career achievements, recognition and awards received.*

**Conference Attendance (Optional)**

- *List the conference, or workshop, place and date.*

**Reference (Optional)**

- *List the title, names, and contact details of any references you may wish to include.*