# **Application Form for Certification for all schemes**



Southern African Auditor and Training Certification Authority Meiring Naude Road Persequor Technopark 41 De Havilland Crescent The Woods, Building E, Office E101 Pretoria Tel: +27 (0)12 349 2763 • Fax +27 (0) 86 516 2966 Email: admin@saatca.co.za • Website: www.saatca.co.za

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Date Received:

Application Fee:

Certification No.(s):

Section 1 - Personal Details								
Indicate 🗵 details that should reflect on the SAATCA website.								
Title							N/A	
Nationality							N/A	
Gender							N/A	
Surname							Mandatory	
First Names							Mandatory	
ID Number							N/A	
Name of Organizatio	ו						Yes: No:	
Vat number						N/A		
Correspondence Address > (Street or PO Box)						Yes: No:		
Area							Yes: No:	
Code							Yes: No:	
Contact number							Yes: No:	
Cell number							Yes: No:	
Fax number							Yes: No:	
Email							Yes: No:	
Responsible person	or the payment of fe	es (please indicate ⊠)>	Applicant 🔵	Company (	$\overline{)}$			
Details of Manager/	Supervisor that shoul	d be included in all SAATCA	communication (ij	applicable)				
Name & Surname:			Contact Email					
Section 2 - Sponso								
<ul> <li>Notes to the Sponsor(s):</li> <li>Please read the SAATCA Code of Conduct for Sponsors (SF51), and acknowledge commitment by signing, prior to completing this sponsor ship.</li> <li>Sponsor(s) must be acquainted with and/or have personal knowledge of those elements of this form, which they have confirmed.</li> <li>Declaration(s) by Sponsor(s): I recommend the applicant as a person in every respect worthy of consideration for certification.</li> </ul>								
Name of Sponsor								
Professional relationship to applicant								
Business name and address								
	Cod				de			
Email address		Office Tel No. Cell No.		э.				
Signature Date:								
Section 3- Type of certification grade, scope and sector for which you are applying								
Please indicate 🗵 the applicable certification scheme(s) you are applying for:								
Product Certific	ition							
	sional Auditor	Internal Auditor		Auditor		$\square$	Lead Auditor	
				<i>J i</i> i a a i co i				
Environmental I	lanagement System	- ISO/SANS 14001						
Grade Prov	sional Auditor	Internal Auditor		Auditor		$\bigcirc$	Lead Auditor	
Sectors		Note that without a complete	ed SF149b Application	1 Form Sectors I	EMS, this ap	oplication ca	nnot be processed.	
Food safety								
	sional Auditor	Internal Auditor		Auditor		$\square$	Lead Auditor	
Scope FSMS (IS	O/SANS 22000, GFSI	HACCP (SANS 10330, co		PRP (SANS 10049,ISO/TS 22002, Hygiene		e (hygiene inspections		
Sectors Benchm	rked schemes)	CAC/RCP 1-1969, R908) Note that without a complete		afety Act, Globa	• • •		on R638) tion cannot be processed.	
Occupational He	alth and Safety – OH	SAS/SANS 18001   ISO 450	01 : 2018					
Grade Prov	sional Auditor	Internal Auditor		Auditor		$\bigcirc$	Lead Auditor	

Section 3- Type of certification grade, scope and sector for which you are applying <i>continued</i> Please indicate 🗵 the applicable certification scheme(s) you are applying for:							
<b>Quality</b>	Management System - ISO/SAM	IS 9001					
Grade	Provisional Auditor	Internal Auditor	Auditor	Lead Auditor			
Road A	uditor						
Grade	Provisional Auditor	Internal Auditor	Auditor	Lead Auditor			
	Please Specify)>						
	Provisional Auditor	Internal Auditor		Lead Auditor			
Grade (			Auditor				
Section 4 - Legal knowledge and background Please give brief overview of your legal knowledge and background as applicable the scheme including, registration product/service related legislation:							
	-1						
Section 5 -	Education						
		TECHNICAL AND ACADEM		<b>6</b>			
	· · · · ·		(Supported by certified copies of certi	-			
Year	Award/Certificate	Course/M	ain Subjects	Educational Establishment			
Section 6 -	Membership of Professiona	Bodies					
	Professional B	odies, Associations, Organizat	ions (Supported by documented evi	dence)			
Year Joined	Name	Me	ember Number	Grade / Status			
Section 7-	Auditor, Scheme and Sector	Specific Training					
			alent) (Supported by certified copies	of certificates)			
Date	Training Course Pro		itle of Course	Exam results			
	Other Training Courses F	Relevant to the Scheme of App	blication (Supported by certified co	pies of certificates)			
Section 8	Work Experience (Either co	mplete here, or provide copy o	of current (V)				
From Month			Month/Year:				
		10	WORth/ fear:				
Name of Organization and Department							
Work Experience       To Month / Year:							
	icai.						
Job Title Details of Work Experience							
Details of Work Experience							
Dotaila -f M	anagament System Free arises						
Details of M	anagement System Experience						

Section 8 – Work B	Experience (Either complete here, or provide copy of current CV)			
From Month/Year:	To Month/Year:			
Name of Organization	n and Department			
Work Experience				
To Month / Year:				
Job Title				
Details of Work Exper	rience			
Details of Manageme	nt System Experience			
Section 8 – Work B	Experience (Either complete here, or provide copy of current CV)			
Please attach additio	nal pages if necessary			
Section 9 - Applica	tion Checklist			
	uirements for certification are provided and are indicated 🗵 as applicable:			
Completed and sig	ned application form (SF79)			
	lentification document.			
0	ease note that the application fee must be sent with this application, and that this application fee is not refundable).			
Copy of up to date and current CV .(please emphasize sector knowledge, training and experience).				
Completed and signed Code of Conduct – Auditors (SF29).				
Completed and signed Code of Conduct/s – Sponsor (SF51).				
Completed and signed Code of Conduct – Sponsor (SFS1).				
<ul> <li>Completed and signed off Audit log, providing details of auditing experience that meets the minimum audit days required by the relevant SAATCA criteria for the scheme. (SF26)</li> </ul>				
	rformance Report (SF45) report verified / witnessed by a registered SAATCA Lead Auditor (one of the logged audits on the SF26 relative to the			
Completed and sig	ned ISO 19011 self-declaration (SF148) (If not previously supplied).			
Completed and sig	ned relevant application form for sectors (only if specific sectors are applied for, refer section 3.)			
Certified copies of	qualifications (formal and skills development) and membership(s) of professional bodies / organizations / associations.			
Completed and sig	ned Auditee Feedback Report (SF72)			
Other (Please list a	ny other submission you have included			
)				
before the application v *SAATCA affords an app process, if any. * SAATCA shall ensure t	e application an invoice for the initial application fee will be issued. Please note that proof of payment must be forwarded to the SAATCA office vill be processed. Also note that the application fee is not refundable. Icant opportunity to declare a request for accommodation of special needs within reason, with reference to a SAATCA facilitated examination that all information obtained in this application, is not disclosed to an unauthorized party without the written consent of the applicant, except			
where the law requires	such information to be disclosed.			
Section 10 – SAAT	CA Terms and Conditions			

It is a condition of certification that your name and contact details are recorded in the SAATCA Auditors Certification Register and published on the SAATCA web site: www.saatca.co.za

All information, correspondence and other documentation submitted in support of this application must be in the English language, or accompanied by a certified translation of the original.

Certification by SAATCA is governed in accordance with South African law and is subject to the exclusive jurisdiction of the South African courts.

Applications will only be considered for evaluation when:

- the application fee has been received.
- all sections of this form have been completed.
- all the required SF forms, certified copies of original certificates and supporting documentation have been submitted.

The auditor application evaluators of the SAATCA Evaluation Committee may without prior notice contact any of the applicant's references/ auditee's/ clients etc to verify the correctness of the application details/audit log details.

# The auditor specifically agrees that:

- a) To comply with the relevant provisions of the certification scheme;
- b) To make claims regarding certification only with respect to the scope for which certification has been granted;
- c) Not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized; ....continued on page 4

Effective Date: 2019 06 14 | SF79 Application Form for Certification Rev 17 | All SAATCA documentation can be found at www.saatca.co.za | Page 3 of 4 Copyright 2019 © SAATCA - SF79 Application Form for Certification

## Section 10 – SAATCA Terms and Conditions...continued

- d) To discontinue the use of all claims to certification that contain any reference to SAATCA or certification upon suspension or withdrawal of certification, and to return any certificates issued by SAATCA;
- e) Not to use the certificate in a misleading manner.

### The auditor signs an agreement for the following reasons:

- a) Failure to resolve the issues that have resulted in the suspension, in the time established by the certification body, shall result in withdrawal of the certification or reduction of the scope of certification.
- b) The certified person or training course provider refrains from further promotion of the certification while it is suspended.
- c) In the event of withdrawal of certification, the certified person refrains from use of all references to a certified status. The card and certificate remains the property of SAATCA.
- d) The logo remains the property of SAATCA to whom it must return to SAATCA on request. Failure to return the logo in which legal action will be followed.

### Section 11- Applicant Declaration

I, the undersigned, making application for SAATCA auditor certification, understand and agree to uphold the Auditor's Code of Conduct and requirements as defined within SAATCA's Management System which may from time to time be subject to change.

I confirm that the information contained in this application is correct to the best of my knowledge and belief. I understand and accept that if I provide incorrect information or withhold relevant, requested information, I will be excluded/removed from the SAATCA register and that I will be precluded from re-applying for 3 years.

I also understand that, once certified, I am obliged to notify SAATCA without delay of any changes to my circumstances which, if declared when I made my first application, might have caused SAATCA to exclude me from the register.

I understand that no information relating to a SAATCA registered auditor or SAATCA registered training course provider, other than that already available on the SAATCA official website or other public domain, shall be made available by SAATCA to any third party without the written consent of the organisation or individual concerned, except as provided for by law.

I confirm that I understand that the information contained in this document is solely for the purpose of processing this application for certification and that the identified details will be published on the SAATCA website for successful certification.

Name & Surname:

Signature: