|  |
| --- |
| ***Guidance on completing this application form***   * Please complete all the sections on this form. IANZ can only accept your application on receipt of the fully completed form and all supporting documentation. * This form must be accompanied by an Inspector Scope Form. These can be found at:   <https://www.ianz.govt.nz/programmes/inspection-bodies> (Navigate to the forms section)  (If the types of inspection listed here do not suit your organisation’s requirements, IANZ can customise a scope form for you; please discuss this with your Lead Assessor if required.)   * Please return the application form to IANZ where we will review the details you have provided and arrange an assessment. * For existing IANZ Approved Signatories seeking a scope extension, this form must be accompanied by an Application for Special Assessment if the scope extension is also applicable to the inspection body as a whole. * Signatory assessments normally include the witnessing of inspection activities by the IANZ assessment team. Guidelines for the documentation requirements for these assessments can be found in [Inspection Bodies – Guidelines on Documentation Submission](https://assets.website-files.com/5e447d8550a99c8326ee5ae6/5ebdd9c091be1891316b094c_Inspection%20Bodies%20-%20Guidelines%20on%20Documentation%20Submission.pdf). Documentation must be submitted a minimum of six weeks prior to the witness assessment. Any documentation not submitted in time may result in your assessment being cancelled or rescheduled. It is the responsibility of the inspection body to arrange suitable activities for the team to witness. * Records to confirm competence shall include:   + The organisation’s training procedures (including where the competence requirements for inspections have been defined)   + Records of authorisation for each category and/or sub-category of inspection   + A summary of inspection work undertaken by the Applicant   + Records of monitoring / peer review (two most recent reviews)   + Records of certification, if applicable (e.g CBIP, CPENG, AINDT, PCN etc.)   + Three reports compiled by the inspector over the last 12 months, covering the range of inspection categories / sub-categories * The IANZ Lead Assessor may request the following records if the Signatory Assessment is a stand-alone assessment that is not being held concurrently with an annual inspection body assessment:   + Education / qualifications relevant to applicable scope categories   + Induction records   + Training records |

|  |  |  |
| --- | --- | --- |
| **1 Name of Organisation** |  | |
| **2 Name of Applicant for Signatory Approval**  Please write your name and title EXACTLY as you would like it to appear on the Certificate of Signatory Approval. | DR MR MRS  MS PROF | |
| **3 Applicant’s Contact Details** | Email:  Phone:  Mobile: | |
| **4 Applicant’s Position in Organisation**  Approved Signatories must be technical personnel closely involved in the day to day work of the accredited organisation. | Job Title:  Reports to:  Supervises: | |
| **5 Has the Applicant previously been assessed for Signatory Approval?**  **Yes**  **No**  **If Yes, for which fields of work?** | | |
| **6 Supporting Documentation**  All applications for signatory approval must be supported by the following documentation. Applications submitted with no / incorrect supporting documentation will not be accepted.  Inspector Scope Form  Inspection procedures  Applicant’s CV  Application for Special Assessment (if applicable)  Records to confirm competence   |  |  | | --- | --- | |  | 🗸 to confirm | | The organisation’s training procedures (including where the competence requirements for inspections have been defined) |  | | Records of authorisation for each category and/or sub-category of inspection |  | | A summary of inspection work undertaken by the Applicant |  | | Records of monitoring / peer review (two most recent reviews) |  | | Records of certification, if applicable |  | | Three reports compiled by the inspector over the last 12 months |  | | Education / qualifications relevant to applicable scope categories (if required) |  | | Induction records (if required) |  | | Training records (if required) |  | | | |
| **7 Confirmation of Applicant’s current competence**  I confirm that the signatory applicant has been trained in the inspection body’s quality system.  I confirm that the applicant has been deemed competent by the inspection body to carry out all the activities for which signatory approval is requested. | | *To be completed by Technical Manager or similar*  Signed  Date |
| **8 Confirmation by Applicant**  I confirm that the above information is correct.  I confirm that I am familiar with the inspection body’s quality management system.  I confirm that I understand the functions and duties of an IANZ Approved Signatory and the conditions and requirements for accreditation. | | *To be completed by Applicant*  Signed  Date |
| **9 Confirmation by the Organisation’s IANZ Authorised Representative**  I confirm that the above information is complete and correct. | | *To be completed by the Organisation’s IANZ Authorised Representative.*  Signed  Date |