Subcontractor Application Form (EAS/TD/F/27)

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Date of request:

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| Name of applicant organization: |  | | | |
| Full address: |  | | | |
| City / State/ Country: |  | | | |
| Name of point of contact: |  | | | |
| Email ID of point of contact (for future correspondance): |  | | | |
| Point of contact telephone: |  | Mobile: |  | |
| No: of years experience in conducting trainings: |  | | | |
| Experience in conducting management system trainings: | Yes  No | | | |
| If Yes Schemes conducted (tick all applicable) | ISO 9001 Auditor / Lead Auditor training  ISO 9001 Internal Auditor training  ISO 9001 Foundation training  ISO 27001 Auditor Lead Auditor training  ISO 27001 Internal auditor training  ISO 27001 Foundation  ISO 22000 Auditor/ Lead auditor training  ISO 22000 Internal auditor training  ISO 22000 Foundation training  ISO 14001 Auditor/Lead auditor training  ISO 14001 Internal Auditor training  ISO 14001 Foundation training  OHSAS 18001 Auditor/Lead auditor training  OHSAS 18001 Internal auditor training  OHSAS 18001 Foundation training  ISO 50001 Auditor / Lead auditor training  ISO 50001 Internal auditor training  ISO 50001 Foundation training  IMS training  Any other (Specify) | | |  |
| Have you delivered CQI & IRCA certified trainings: | (Yes/No) | | | |
| Have you delivered any other certified trainings: | (Yes/No) If Yes, Please Specify: | | | |
| Do you have any qualified tutors to conduct above trainings | (Yes/No) If Yes Please give details1: | | | |
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Note1: For tutors the following to be submitted

1. Tutor’s CV:
2. Scanned copy of having attended auditor/lead auditor course for the relevant scheme(s):
3. Audit logs in IRCA 160 format
4. CPD logs in IRCA 173 format
5. IRCA certified auditor details (if any) in lieu of 2,3 & 4 above.
6. Tutor logs
7. Any other relevant details

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| Name of Requester: |  |

Signature: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For Official use by EAS Pvt Ltd** | | | |
| Selected for further discussions |  | Rejected |  |
| Reviewed by |  | Any other remarks |  |
| Date |  | Signature |  |