



GLOBAL CERTIFICATION PTY LTD

ACN 141 877 278

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GLOBAL CERTIFICATION PTY LTD

Contract/Application form for Certification/Re-Certification

This document forms the legal arrangement between Global Certification Pty Ltd and the Company listed below.

Registered Company Name
Trading Name if Different
ABN Number
Company Address
Postal Address

Management System Representative NOTE: Global Certification is to be advised of changes to the Management System Representative when changes occur.

Contact Details

<i>Telephone</i>		<i>Facsimile</i>	
<i>E-Mail</i>		<i>Website</i>	

Please note:- Global Certification is accredited with JAS-ANZ for the following:- Quality, Environment, Occupational Health and Safety and Product Certification. These programs are also available to be certified on a non-accredited basis. Please indicate standards that you require to be certified.

BUSINESS MANAGEMENT SYSTEMS

<input type="checkbox"/> Quality ISO 9001:2015	<input type="checkbox"/> Environment ISO 14001:2015	<input type="checkbox"/> Occupational Health & Safety AS/NZS 4801:2001 <input type="checkbox"/> Occupational Health Safety ISO 45001:2018	<input type="checkbox"/> Risk Management ISO 31000:2009	<input type="checkbox"/> Food HACCP AS/ISO 22000:2005	<input type="checkbox"/> Event Sustainability Management AS ISO 20121:2013	<input type="checkbox"/> Product 1546.1:2008 1546.2:2008 1546.3:2017 1546.4:2016 4766:2006 5200.026:2004 3735:2001 Watermark
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Please Note: In the event a client requests and achieves certification to a standard not originally indicated on this form, this Contract/Application is deemed to cover the additional standards for the period of Certification. A new Contract/Application Form will be completed at Re-Certification to cover all standards certified.

What activities if any are outsourced?

Are you involved in or with another organisation (sister company / subsidiary)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give details:

Describe which Industry or Industries you work in?
Please specify:

Legal or Legislative requirements under which you Operate and any outstanding Legal Proceedings present :
Please specify:

STAFF NUMBERS by SITE (See attachment for Similar Role Categories)			
Job Description/Role (i.e. Accounts, Project Manager, Electrician)	Employment Status Full-Time, Part-Time, Casual, Sub- Contractor	Number of Employees in Role	Location of Employee (Head Office, Site)
Examples:			
<i>Accounts</i>	<i>Full-Time</i>	<i>2</i>	<i>Head Office</i>
<i>Project Manager</i>	<i>Full-Time</i>	<i>1</i>	<i>Perth Site</i>

Computer Assisted Auditing Techniques – Remote Site Auditing	
<p>Global Certification can conduct remote site auditing using Computer Assisted Auditing Techniques; utilising electronic access to management systems, teleconferencing, web meetings and interactive web-based communication. All permanent and project site documents are to be accessed remotely to utilize CAAT.</p> <p>Note: If individual sites are responsible for separate sections of the standard, i.e. Human Resources, Warehousing and Distribution and the information cannot be accessed via remote access the site will require a physical visit.</p> <p>Please provide details of any computer programmes that are used within your organisation, specifically between any sites you may have and head office. Head office will be audited annually; physical site visits will be discussed prior to audits.</p> <p> <input type="checkbox"/> Sharepoint <input type="checkbox"/> Cloud <input type="checkbox"/> Specifically designed software i.e. database or intranet </p>	
<input type="checkbox"/> Other, please detail:	
<p>Will the auditor require specific training in the programme: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is all documentation relating to the standard being certified accessible remotely for all sites using Computer Assisted Auditing Techniques: YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

NOTE: This will be confirmed by the auditor on site and if necessary the quotation will be amended if the information is incorrect.

PERMANENT SITES (Other states or other locations)

Please list additional sites that are to be covered by your Certification, detail the processes involved at those sites, i.e. Warehousing and Distribution, Accounts and Administration.

Site Address	Processes / Activity at Site	CAAT Y / N	Shift Work Y / N	# Of Shifts	Employees Based At Client Sites (Risk Assessment Completed)

Is shift work conducted at the above sites? Yes No

How many shifts does your company operate?

Number of employees per shift?

Are employees based on client sites? Yes No

- How Many

- Have Risk Assessments been conducted

TEMPORARY SITES / CURRENT PROJECTS

Please list current temporary or project sites and if members of the public are present on those sites

Site Address	Processes / Activity at Site

Previous / Current Certification / Length of Certification			
Is your Organisation currently (or previously been) registered with another Certification Body and for how long?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Certification Body Name and length of certification:			
Are there any Major Corrective Action Requests outstanding with the Certification Body <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please specify:			
Certification Date		Expiry Date:	

How did you hear about Global Certification?

Interpreters
GC assessors speak and operate in English exclusively for certification activities. Do you require GC to be able to audit in a foreign language <input type="checkbox"/> Yes <input type="checkbox"/> No
Or will sufficient interpreters be available to the assessors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Languages required <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what Language
Interpreter supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No

Consultants

Have you used any Consultants in assisting you with the program <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please provide the details of the Consultant used	
Note:- We will provide the names of the audit team prior to the assessment and require you to advise us if any of the persons have been involved with your Management System either consulting or internal auditing in the past two years.	