



ACR APPLICATION FORM

The Associate Consultant Register (ACR) is referenced by organizations seeking consultants that are known to NQA. In order to join our ACR you must have supported at least one client and their management system through to successful certification via NQA.

Please complete the following questions, if you wish to apply to join NQA's Associate Consultant Register.

PLEASE PROVIDE INFORMATION OF THE ORGANIZATION YOU HAVE SUPPORTED WITH CERTIFICATION TO NQA:

Organization supported with certification:

Date of certification:

Date of NQA audit:

System certified:

Certifying auditor:

PLEASE CHECK EACH STATEMENT TO ACKNOWLEDGE YOUR UNDERSTANDING AND AGREEMENT:

- I agree to ensure that each consultant within and/or representing my organization has the appropriate professional indemnity insurance required to cover the risks of each client they work with.
- I agree to inform the client of any consultancy services subcontracted to consultants that are not registered as NQA Associate Consultants, prior to work commencing.
- I understand and agree to adhere to the terms and conditions of use of the NQA ACR logo and Register, outlined in the NQA ACR Professional Charter Terms and Conditions*
- The information I have provided within this application form is true, complete, and correct to the best of my knowledge and may be used for public disclosure on the NQA website under the ACR section.
- I confirm that I have prepared and/or transferred an organization for certification with NQA within the last three years.

**Please see below for the NQA ACR Professional Charter Terms and Conditions.*

Signed:

Name:

Position:

Date:

The next page of ACR application questions will also form the basis for your profile which will be sent to any clients requesting your details. Please ensure the information is accurate and includes the correct contact details.



ASSOCIATE CONSULTANT REGISTER PROFILE

CONSULTANCY DETAILS:

Company name:

Company address:

Postcode/Zip Code:

Telephone:

Email:

Website:

LinkedIn:

Please attach your logo when you submit this form and we will insert it here for you

CONTACT DETAILS:

Consultant name:

Job title:

Telephone: Email:

Qualifications:

How far are you willing to travel from the postcode/zip code above?

Expertize and industry knowledge:

STANDARDS OFFERED:

- | | | |
|--|--|---|
| <input type="checkbox"/> ISO 9001 (Quality) | <input type="checkbox"/> AS9120 (Aerospace) | <input type="checkbox"/> ISO 22001 / FSSC (Food Safety) |
| <input type="checkbox"/> ISO 14001 (Environmental) | <input type="checkbox"/> AS9110 (Aerospace) | <input type="checkbox"/> ISO 13485 (Medical Devices) |
| <input type="checkbox"/> ISO 45001 (Health and Safety) | <input type="checkbox"/> IATF 16949 (Automotive) | <input type="checkbox"/> ISO 44001 (Collaborative Relationship) |
| <input type="checkbox"/> OHSAS 18001 (Health and Safety) | <input type="checkbox"/> ISO 50001 (Energy) | <input type="checkbox"/> Highway Schemes / PAS 43 (UK) |
| <input type="checkbox"/> ISO 27001 (Info Security) | <input type="checkbox"/> ISO 22301 (Business Continuity) | <input type="checkbox"/> Other |
| <input type="checkbox"/> AS9100 (Aerospace) | <input type="checkbox"/> ISO 55001 (Asset Management) | |

If other then, please state: