

APP APPLICATION

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

| , | on via NQA. | supported at least | one chemicand then | manageme | Tit Syste | in through to succession | | | | | |
|--|--|------------------------|--|---------------------|------------|----------------------------|-----|--|--|--|--|
| | oplication is for GHG relate t. Please ensure section B | | | or PAS 206 | 60, there | e is an independent criter | ʻia | | | | |
| How many | consultants do you employ? | | | | | | | | | | |
| SE | CTION A | | | | | | | | | | |
| PLEASE COMPLETE THE FOLLOWING QUESTIONS IF YOU WISH TO APPLY TO JOIN NQA'S ASSOCIATE PARTNER PROGRAMME FOR CERTIFICATION. | | | | | | | | | | | |
| List at leas | t 1 company you have referred | d/transferred to NQA | A, including their audi | date and ce | rtifying a | uditor: | | | | | |
| Company | name: | Date of audit (month/y | vear): (| Certifying auditor: | | | | | | | |
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| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Q. | ECTION B | | | | | | | | | | |
| | | | | | | | | | | | |
| | G RELATED VERIFICATION | | | | | | | | | | |
| You have supported at least one client and their verification through to successful completion with NQA You have successfully completed NQA PAS 2060 Training (Understanding and Achieving Carbon Neutrality) You have demonstrated relevant competencies through evidence of successfully completing a recognized | | | | | | | | | | | |
| _ | course or education | | | | | | | | | | |
| | omplete at least one of the me for verification activities | | ia if you wish to ap | pply to join | NQA's | Associate Partner | | | | | |
| | Company name: | | Date of audit (month | /year): | Certifyir | ng auditor: | | | | | |
| 1 | | | | | | | | | | | |
| | | | | | | | _ | | | | |
| 2 | Have you attended NQA's PAS 2060 training course? | | No If so, please confirm the datended the course (mont | | , | | | | | | |
| | Please detail relevant training and education | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| | Evidence: | | Date: | | Provider: | | | | | | |
| | | | | | | | | | | | |

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| | 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 Partner, prior to work commencing. | | | | | | | |
| | I understand and agree to adhere to the terms and conditions of use of the NQA APP logo and register, outlined in the NQA APP 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 APP section. | | | | | | | |
| | I confirm that I have completed the criteria necessary to meet the APP requirements | | | | | | | |
| | | | | | | | | |
| Name: | | | | | | | | |
| Compa | any Name: | | | | | | | |
| Positio | n: | | | | | | | |
| Company Address: | | | | | | | | |
| Postcode: | | | | | | | | |
| How far are you willing to travel from the postcode/zip code above? | | | | | | | | |
| Postco | de: | Date: | | | | | | |

PLEASE CHECK EACH STATEMENT TO ACKNOWLEDGE YOUR UNDERSTANDING AND AGREEMENT:

The next page of APP 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.

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APP CONSULTANT PROFILE FORM

CONSULTANCY DETAILS:

| Company name: | | | | | | | | | |
|------------------------------|-------------------------------|--|---------------------------------|--|--|--|--|--|--|
| Telephone: | | | | | Please attach your logo | | | | |
| Email: | | | | when you submit this form and we will insert it here | | | | | |
| Website: | | | | | for you | | | | |
| LinkedIn: | | | | | | | | | |
| CONTACT DETAILS: | | | | | | | | | |
| Consultant name: | | | | | | | | | |
| Job title: | Job title: | | | | | | | | |
| Telephone: | | | Email: | | | | | | |
| Qualifications: | | | | | | | | | |
| Expertise and indus | try knowledge: | | | | | | | | |
| | | | | | | | | | |
| SERVICES OFF | ERED: | | | | | | | | |
| Consultancy | | | Software | | | | | | |
| SERVICES OFF | ERED: | | | | | | | | |
| ISO 9001 (C | Quality) | | AS9110 (Aerospace) | | ISO 37001 (Anti-Bribery) | | | | |
| ISO 14001 (| ISO 14001 (Environmental) | | IATF 16949 (Automotive) | | ISO 13485 (Medical Devices) | | | | |
| ISO 45001 (| ISO 45001 (Health and Safety) | | ISO 50001 (Energy) | | ISO 44001 (Collaborative Relationship) | | | | |
| ISO 27001 (| Info Security) | | ISO 22301 (Business Continuity) | | Highway Schemes / PAS 43 (UK) | | | | |
| ISO 27701 (| (PIMS) | | ISO 55001 (Asset Management) | | PAS 2060 (Carbon Neutrality) | | | | |
| AS9100 (Ae | rospace) | | ISO 22000 / FSSC (Food Safety) | | GHG Inventory (ISO 14064-1) | | | | |
| AS9120 (Ae | rospace) | | HACCP / GMP (Food Safety) | | Other | | | | |
| If other then, please state: | | | | | | | | | |
| | | | | | | | | | |



