



For UKAS use only (Assessor Ref. Number)					
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United Kingdom Accreditation Service
21-47 High Street
Feltham, Middlesex
TW13 4UN

Assessor and Technical Expert Information Record

A. About Yourself		
Title	Surname	Forename(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address for contact		
<input type="text"/>		Tel No. <input type="text"/>
<input type="text"/>		
<input type="text"/>		Fax No. <input type="text"/>
<input type="text"/>		
<input type="text"/>	Postcode	Mobile <input type="text"/>
Email address <input type="text"/>		
I am interested in becoming an: Assessor <input type="checkbox"/> Or a Technical expert <input type="checkbox"/>		
in the fields of work ticked: Certification Body <input type="checkbox"/> Inspection Body <input type="checkbox"/> Calibration Laboratory <input type="checkbox"/> Testing Laboratory <input type="checkbox"/>		
My areas of specialism are (please list industry sectors/types – eg Construction/Chemical/Food/EMC):		
<input type="text"/>		
Please also attach your CV		
Estimate of expected daily fee (excluding vat and expenses)		£ <input type="text"/>
Technical experts and Assessors are expected to provide their own Professional Indemnity Insurance. (Please confirm the amount of cover you have)		£ <input type="text"/>
Where did you learn about providing assessment services to UKAS?		
<input type="text"/>		

B. About your experience

1. Qualifications (Please provide **copies** of certificates where appropriate. NB: Originals will be required at interview)

Qualification	Subject(s)	Date Awarded
Degrees		
Technical (ONC,HNC,BTEC, Certificates, Diplomas etc)		
General (CSE, 'O & A' Levels etc) <i>Graduates may omit this part</i>		

2. Current Membership of Professional Institutions

Institution	Membership Grade	Date Achieved

3. Details of Last Five Jobs (most recent first)

From	To	Name of employer and nature of business	Position Held

B. About your experience - continued

4. Details of Experience in:

Performing laboratory tests/calibrations/inspections/certifications Proficiency testing schemes ♦ Management system certification ♦ Product certification ♦ Personnel certification	
Quality Assurance	
Other relevant technical areas (eg. R&D, Directives, Notified Bodies)	

5. Details of Assessment Experience

(Please indicate number of assessments carried out in last 12 months and last 3 years)

	Description (specify assessment standard)	Number carried out in last	
		12 months	3 years
Testing &/or calibration laboratories/inspection/certification ♦ Management system certification ♦ Product certification ♦ Personnel certification			
Contractors/producers			
Other			

6. Details of Assessor Training Received

Training/course	Date

Please complete Part C if you will be supplying assessment services through your employer and/or a Ltd Company.

C. Company Details

Name of Organisation/Business

Name of main contact for assessors (BLOCK CAPITALS, please)

Address for contact

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Tel No.

Fax No.

Email

Mobile

D. Endorsements – Please ensure that **both** sections 1 and 2 are completed

1. To be completed by the applicant

I confirm that the details given in this form and attachments are correct

Signature of applicant

2. This section **must be completed** by either

(a) a senior manager if services are supplied through your employer, **or**

(b) a professionally qualified referee if services are to be supplied independently

To the best of my knowledge, the information given in this form and attachments is true and correct

Signature of professionally qualified referee/senior manager

Name (BLOCK CAPITALS PLEASE)

Professional status

Address for contact

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Tel No.

Date