



For UKAS use only (Assessor Ref. Number)					
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United Kingdom Accreditation Service

21-47 High Street
Feltham, Middlesex
TW13 4UN

IMAGING SERVICES ACCREDITATION SCHEME

Assessor Information Record (Application Form)

Please indicate in the box below the category of assessor you wish to be considered for:

Technical/Peer (with a healthcare professional background)	Lay/Patient Representatives (with keen interest in healthcare delivery and or lay patient representative background)
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Contact Details:

Title:	Surname:	Forename(s):
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Home Address Details:

House No:	Street:
Town	
City:	
County:	
Postcode:	Home Telephone No:
Home E-mail:	Mobile Number:

Details of Current Position:

Dept:	
Name of Employer /Employing Institution:	
Address:	
Postcode:	Telephone:
Work E-mail:	
Your Discipline	

Referees: *This section must be completed by all applicants*

Please give the name, address and telephone numbers of two referees who can be contacted by UKAS	
1.	2.
Telephone No:	Telephone No:

Statement in support of your application: *This section must be completed by all applicants*

Please explain the reasons for your interest. Continue on a separate sheet if necessary.

Signature of applicant:

I understand that if offered the appointment it will be subject to the information on this form being accurate and complete. I authorise you to contact the above referees.	
Signature: _____	Date: _____
I acknowledge that the United Kingdom Accreditation Service, UKAS, in the event of refusal of my application is not obliged to give any reasons and that your decision will be final and binding on me.	
Signature: _____	Date: _____