

**UKAS Application Form**

**For all organisations applying for UKAS’s services for the first time, or existing UKAS customers requesting accreditation in a new category**

**Notes on the completion of the UKAS Application Forms**

1. **UKAS Application Forms should be completed as follows:**

**1.1 New Applicants or Existing UKAS Customers seeking Accreditation in a New Category**

For *all* organisations applying for UKAS’s services for the first time, or existing UKAS customers requesting accreditation in a new category (listed below).

UKAS Application Form

Accreditation Category [AC] Forms (as appropriate)

AC 1 – for certification body accreditation

AC 2 – for inspection body accreditation

AC 3 – for calibration laboratory accreditation

AC 4 – for testing laboratory accreditation

AC 5 – for proficiency testing / external quality assurance provider accreditation

AC 6 – for medical laboratory accreditation

AC 7 – for reference material producer accreditation

AC 8 – for Medical Physics and Clinical Engineering (MPACE) accreditation

AC 9 – for Physiological & Imaging Services (IQIPS & QSI) accreditation

AC COV – for COVID-19 testing Extension to Scope

(All AC forms are available for you to download from the [UKAS website](http://www.ukas.com/applications)).

**1.2 Existing UKAS Customers applying for an extension to scope**

Existing UKAS customers applying for an extension to scope *within an existing accreditation category* need only complete the relevant new AC form(s) listed above.

**1.3 Applications for Approved or UK Notified Body Status**

Bodies applying for accreditation with the intention of seeking Approved Body (GB) status or UK Notified Body status for the Northern Ireland market should identify the relevant accreditation category and complete the related AC Form (as listed above). In addition UKAS shall require a signed copy of the **Confidentiality Waiver - Approved Bodies** so that information can be shared with the relevant competent authority.

**1.4 Return of Forms**

Once you have completed the Application Form and/or the relevant AC form(s), signed the declaration and attached all the additional information required (as indicated in the forms), please return electronically to the Applications Unit [***apps@ukas.com***](mailto:apps@ukas.com), or alternatively in hard copy to the following address:

**Applications Unit  
United Kingdom Accreditation Service  
2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR**

Please ensure that you have read all the appropriate standards and publications relevant to your application. In the case of an assessment for appointment under UK regulations, you must ensure you have read, understood and acted upon any relevant guidelines and UK regulations (this material will be available from the relevant competent authority). All UKAS Publications are available to download for free from our website. Please visit the **Publications** area of the UKAS website, [www.ukas.com](http://www.ukas.com).

For information on the status and progress of your application, please contact us on ***01784 429020*** or e-mail the Applications Unit [***apps@ukas.com***](mailto:apps@ukas.com)

1. **General**

UKAS will require access to your documented management system (e.g. Quality Manual) during the application and assessment process. Any amendments made to the system during this time should be forwarded to UKAS. Upon successful completion of the UKAS assessment process, an authorised copy of the management system documentation should be retained at the organisation and maintained for use by UKAS as required. Please refer to the **UKAS Privacy Policy** on our website.

All information given to UKAS for the purposes of this application will be treated in the strictest confidence.

**Please note:** incomplete applications will result in a delay in processing; therefore please ensure you have all the information required before returning it to UKAS, and that you have read, understood and acted upon the appropriate standards, publications and regulations.

**Part 1: Organisation information**

|  |  |
| --- | --- |
| 1. Organisation Name: |  |

(Please enter the name of the organisation requiring UKAS services, stating ***legal entity*** and ***trading name*** if different.)

|  |  |
| --- | --- |
| Main address: |  |
| Website: |  |

|  |  |
| --- | --- |
| Tel: | Email: |

Has the organisation previously been accredited by UKAS, or *applied* for accreditation?  YES NO

|  |  |
| --- | --- |
| 1.2 Contact person: |  |

(If the contact person is *not* an employee of the organisation stated in 1.1, please state the nature of the relationship of this person with the organisation requiring UKAS services)

|  |  |
| --- | --- |
| Position: |  |

|  |  |
| --- | --- |
| Address:  *(if different from above)* |  |

|  |  |  |
| --- | --- | --- |
| Tel: | Mobile: | Email: |

*The information requested in 1.3 to 1.6 below is required to give UKAS as much background information on the organisation as possible*

1.3 What is the main business activity of your organisation?

|  |
| --- |
|  |

1.4 Please state the legal status of the organisation [check one of the following options and provide documentary evidence of the status]

|  |  |
| --- | --- |
| Private limited company | Private partnership |
| Public body | Part of an academic institution |
| Part of a learned/technical institution | Public limited company |
| Sole trader | Other: Click here to enter text. |

|  |  |
| --- | --- |
| State your company registration number (if applicable): |  |

|  |  |
| --- | --- |
| State your company VAT registration number (if applicable): |  |

1.5 Is your organisation part of a group or Corporation?  YES *[go to 1.6]* NO *[go to 1.7]*

|  |  |
| --- | --- |
| 1.6 Group/Corp. Name: |  |

|  |  |
| --- | --- |
| Address: |  |

Please state your organisation’s relationship with the group or Corporation stated above

*(e.g. parent, holding company etc.):*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1.1.7 Invoicing address  *(if different from*  *address stated in 1.2)* |  |

1.8 Please detail location(s) from which the activities for which you are seeking UKAS services will be managed / controlled, and the geographic limits within which the work will be performed?

(It is important for UKAS to establish the span of your operation. Please list all the locations from which either all or elements of the services to be accredited will be managed and/or controlled. In addition to this, if you intend to operate accredited services outside of the UK, regardless of where they will be managed from, please indicate the countries in which you will, or intend to operate.)

|  |
| --- |
|  |

1.9 I have enclosed supporting information for section 1 [you must include evidence of organisation status as indicated in section 1.4]

(It would be useful to UKAS to have a copy of any promotional material you may publish, and an annual report, if applicable, to provide additional explanatory information on your organisation. Please attach this with your application, and check the box.)

**Part 2: Staff information**

|  |  |
| --- | --- |
| 2.1 Total number of employees  (This number should be the total  in the organisation to be accredited.) |  |

* 1. Breakdown of location of *technical* staff to be covered by this application

(The technical staff refers to assessors, auditors, clinicians, (biomedical) scientists, technicians and/or test engineers involved in the activities to be covered by the UKAS services as detailed in the relevant AC insert. If any technical staff are *not* employees of the organisation, please provide a copy of any contract, or agreement terms that are in place with the contractor(s) (this includes any agency or franchise agreements you may have in place), and tick the box in 2.5.)

|  |  |  |
| --- | --- | --- |
| **Location of site/branch/regional office/agent office** | **No. of *permanent* technical staff** | **No. of *contracted* technical staff** |
|  |  |  |

* 1. Manager with operational responsibility *(i.e. Technical Manager or Scheme Manager)*

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Qualifications |  |

|  |  |
| --- | --- |
| Relevant Experience |  |

* 1. Quality Manager (or equivalent)

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Qualifications |  |

|  |  |
| --- | --- |
| Relevant Experience |  |

2.5 I enclose supporting information for section 2 *[please tick if included]*

**Part 3: Other information**

This information is useful to UKAS for establishing your experience levels in dealing with accreditation type activities.

3.1 Please detail all other current approvals held by your organisation

|  |  |
| --- | --- |
| **Name & location of approval body** | **Outline of scope covered** |
|  |  |

3.2 Please give details of any professional networks/associations and/or committees you are a member of, that you consider may be relevant to this application.

|  |
| --- |
|  |

**Part 4: Declaration**

The company/organisation applies for services provided by UKAS for the scope detailed in the Accreditation Category insert(s) enclosed with this form and listed below.

The company/organisation agrees to comply with the relevant European and/or International Standards, the applicable UKAS requirements, and UKAS Publications as listed on the website (www.ukas.com) and to adapt to any changes in the requirements.

The company/organisation has read and accepts the **UKAS Privacy Notice**, as published on the UKAS website.

I enclose:

**AC \_** , **AC \_** , **AC \_** , **AC \_** completed and the associated attachments required

Quality Manual (or equivalent management system documentation)

Articles of Association / Certificate of Incorporation *(as applicable)*

The supporting information required in Parts 1 and 2 of the Application Form

One signed copy of the UKAS Agreement (for new or first accreditations with UKAS only)

Payment to cover the \*Application Fee + VAT. I understand that this fee is non-refundable.

We accept electronic payment via bank transfer or credit / debit card payments by phone.

You can make a payment by phone by calling Finance on 01784 429003.

Name on account: United Kingdom Accreditation Service | Account Number: 03304264 | Sort Code: 20-00-00

\*Please refer to the **UKAS Standard Terms of Business** on the UKAS website for the current UKAS application fee

|  |
| --- |
| **Please check you have enclosed all the required documentation. UKAS cannot proceed with your application until all of these items are present** |

I declare that I am authorised, on behalf of the company/organisation, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Position |  |
| Date | Select the date from the calendar |