****

**United Kingdom Accreditation Service**

2 Pine Trees

Chertsey Lane

Staines-upon-Thames

Middlesex

TW18 3HR

Email: [technicalresources@ukas.com](mailto:technicalresources@ukas.com)

|  |
| --- |
| **INDEPENDENT TECHNICAL ASSESSOR APPLICATION FORM** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Information** | | | | |
| Title: | Surname: | | | Forename(s): |
| **HOME contact details** | | | | |
| Address: | | | | |
|  | | | | |
|  | | Postcode: | | |
| Home Email: | | | | |
| Home Telephone: | | | Mobile Telephone: | |
| **Details of current position** | | | | |
| Name of Employer/Employing Institution/Limited Company: | | | | |
| Department: | | | | |
| Address: | | | | |
|  | | | | |
| Postcode: | | Work Telephone: | | |
| Work Email: | | | | |

|  |
| --- |
| Main Area of Expertise/Discipline/Specialism: |

|  |
| --- |
| Details to Use for Initial Contact: Home  Work |

|  |
| --- |
| Estimate of Expected Daily Fee where applicable: £ (excluding vat and expenses) |

|  |
| --- |
| Contract Arrangements: Self-Employed Individual  Employer/Limited Company |

|  |
| --- |
| Where Did You Hear About Providing Services to UKAS? |

| **EMPLOYMENT DETAILS** (lAST 10 years – mOST RECENT FIRST)  pLEASE INCLUDE CURRENT EMPLOYER | | | |
| --- | --- | --- | --- |
| Name of Employer | Position Held | From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **EDUCATION and QUALIFICATIONS**  pLEASE LIST ALL RELEVANT Education and QUALIFICATIONS | | |
| --- | --- | --- |
| Subject/Qualification | Level | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| **DETAILS OF ASSESSMENT EXPERIENCE**  pLEASE LIST any relevant assessment experience | | |
| --- | --- | --- |
| Description (please specify assessment standard) | Number carried out in last: | |
| 12 months | 3 years |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| **PROFESSIONAL sTATUS AND AFFILIATIONS**  pLEASE PROVIDE DETAILS OF PROFESSIONAL STATUS AND PROFESSIONAL AFFILIATIONS |
| --- |
|  |

| **EXPERIENCE**  pLEASE GIVE DETAILS OF ANY OTHER RELEVANT EXPERIENCE (TESTS, CALIBRATIONS, INSPECTIONS ETC.) |
| --- |
|  |

| **DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST\***  pLEASE PROVIDE DETAILS OF any existing, prior or foreseeable relationships that could potentially pose a conflict of interest WHEN ASSESSING FOR UKAS |
| --- |
| *\*Consider links to Conformity Assessment Bodies through employment, provision of consultancy or other services, financial or other interests, personal relationships etc.* |
|  |

|  |
| --- |
| **signature of applicant** |
| I confirm that the details given on this form and in any attachments are accurate and complete  Signature: Date: |

|  |  |
| --- | --- |
| **Application endorsement** | |
| This section must be completed by either   1. a senior manager if services are to be supplied through your employer, **or** 2. if services are to be supplied independently, a professionally qualified referee who has worked with you or you have provided services for in a professional capacity. | |
| To the best of my knowledge and based on working with the applicant in a professional capacity, I can confirm that the information given in this form and in any attachments is true and correct and they are technically competent in their stated areas of expertise.  Signature: Date: | |
| Name: | |
| Professional Status: | |
| Address for Contact: | |
|  | |
| Postcode: | Telephone: |
| Email: | |

**Annex 1: Healthcare Sector.**

**To be completed only by applicants applying to be a technical assessor for ISO 15189 (Medical Laboratories), or the QSI or ISAS schemes.**

**Please complete the following as applicable.**

|  |  |
| --- | --- |
| **STATE REGISTRATION** | |
| State Registration Organisation | Registration Date |
|  |  |
| State Registration Number | Renewal Date |
|  |  |

|  |  |
| --- | --- |
| **professional body membership** | |
| Professional Body | Registration Date |
|  |  |
| Membership Number | Renewal Date |
|  |  |

|  |
| --- |
| Please indicate if you participate in CPD activities: I do participate  I do not participate |

|  |  |
| --- | --- |
| **TO BE COMPLETED by APPLICANTS IN CURRENT EMPLOYMENT** | |
| **Your current head of department and the chief executive of the owning institution in which you are employed must support this application.** | |
| **Head of Department** | **Directorate / Divisional Manager or equivalent of the trust/owning institution** |
| Name: | Name: |
| Signature: | Signature: |
| Position held if not head of department: | Position held if not Chief Executive: |
| Date: | Date: |