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**United Kingdom Accreditation Service**

2 Pine Trees

Chertsey Lane

Staines-upon-Thames

Middlesex

TW18 3HR

Email: technicalresources@ukas.com

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| **INDEPENDENT TECHNICAL ASSESSOR APPLICATION FORM** |

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| **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:  |

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| Main Area of Expertise/Discipline/Specialism:  |

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| Details to Use for Initial Contact: Home [ ]  Work [ ]   |

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

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

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

| **EMPLOYMENT DETAILS** (lAST 10 years – mOST RECENT FIRST)pLEASE INCLUDE CURRENT EMPLOYER |
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| Name of Employer | Position Held | From | To |
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| **EDUCATION and QUALIFICATIONS** pLEASE LIST ALL RELEVANT Education and QUALIFICATIONS |
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| Subject/Qualification | Level | Date  |
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| **DETAILS OF ASSESSMENT EXPERIENCE** pLEASE LIST any relevant assessment experience |
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| Description (please specify assessment standard) | Number carried out in last: |
| 12 months | 3 years |
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| **PROFESSIONAL sTATUS AND AFFILIATIONS**pLEASE PROVIDE DETAILS OF PROFESSIONAL STATUS AND PROFESSIONAL AFFILIATIONS |
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| **EXPERIENCE**pLEASE GIVE DETAILS OF ANY OTHER RELEVANT EXPERIENCE (TESTS, CALIBRATIONS, INSPECTIONS ETC.) |
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| **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 |
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| *\*Consider links to Conformity Assessment Bodies through employment, provision of consultancy or other services, financial or other interests, personal relationships etc.* |
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| **signature of applicant** |
| I confirm that the details given on this form and in any attachments are accurate and completeSignature: Date:  |

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| **Application endorsement** |
| This section must be completed by either1. 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.**

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

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

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

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| **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:  |