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| **Application Form Upgrade and/or Extension of Scope and/or Extension of Sector for all schemes** | | | | | |
|  | SAATCA Corporate Logo NEW  CMYK | Meiring Naude Road  Persequor Technopark  41 De Havilland Crescent  The Woods, Building E, Office E101  Pretoria  Tel: +27 (0)12 349 2763  Fax +27 (0) 86 516 2966 |  | FOR OFFICE USE ONLY (Confidential when completed)  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Application Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certification No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Southern African Auditor and Training Certification Authority | Email: [admin@saatca.co.za](mailto:admin@saatca.co.za)  Website: www.saatca.co.za |  |  |
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| **Section 1 - Personal Details** | | |
|  | | **Indicate  details that should reflect on the SAATCA website.** |
| Title: |  | N/A |
| Nationality |  | N/A |
| Gender |  | N/A |
| Surname |  | Mandatory |
| First Names |  | Mandatory |
| ID Number |  | N/A |
| Name of Organization |  | Yes  No |
| Vat number |  | N/A |
| Correspondence Address  (Street or Po Box) |  | Yes  No |
| Area |  | Yes  No |
| Code |  | Yes  No |
| Contact number |  | Yes  No |
| Cell number |  | Yes  No |
| Fax number |  | Yes  No |
| E-Mail |  | Yes  No |

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| **Responsible person for the payment of fees (please indicate )** |
| Applicant  Company |

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| **Details of Manager/Supervisor that should be included in all SAATCA communication (if applicable)** | | | |
| Name & Surname: |  | Contact e-mail |  |

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| **Section 2 Legal knowledge and background** |
| Please give brief overview of your legal knowledge and background as applicable the scheme including, registration product/service related legislation |
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| **Section 3- Type of application for which you are applying Please indicate :**  Note that more than one option can be selected | | |
| Upgrade  Internal Auditor  Upgrade  Auditor  Upgrade  Lead Auditor | Extension of Scope | Extension of Sector |

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| **Section 4- Type of certification grade, scope and sector for which you are applying**  **Please indicate  the applicable certification scheme(s) you are applying for:** |

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| **Energy management - ISO/SANS 50001** | | | | | |
| Grade | Provisional Auditor | | Internal Auditor | Auditor | LeadAuditor |
| Sectors | | **Note that without a completed SF149b Application Form Sectors EnMS, this application cannot be processed.** | | | |

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| **Environmental Management System - ISO/SANS 14001** | | | | | |
| Grade | Provisional Auditor | | Internal Auditor | Auditor | Lead Auditor |
| Sectors | | **Note that without a completed SF149 c Application Form Sectors EMS, this application cannot be processed.** | | | |

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| **Food safety** | | | | | | | | |
| Grade | Provisional Auditor | | Internal Auditor | | Auditor | | Lead Auditor | |
| Scope | FSMS (ISO/SANS 22000, GFSI Benchmarked schemes) | | | HACCP (SANS 10330, codex CAC/RCP 1-1969, R908) | | PRP (SANS 10049,ISO/TS 22002,Meat Safety Act, Global gap) | | **Hygiene (**hygiene inspections based on R962) |
| Sectors | | **Note that without a completed SF149a Application Form Sectors Food Safety, this application cannot be processed.** | | | | | | |

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| **Occupational Health and Safety – OHSAS/SANS 18001** | | | | |
| Grade | Provisional Auditor | Internal Auditor | Auditor | LeadAuditor |

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| **Quality Management System - ISO/SANS 9001** | | | | |
| Grade | Provisional Auditor | Internal Auditor | Auditor | LeadAuditor |

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| **Road Auditor** | | | | |
| Grade | Provisional Auditor | Internal Auditor | Auditor | LeadAuditor |

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| Other (please specify) | | | | |
| Grade | Provisional Auditor | Internal Auditor | Auditor | LeadAuditor |

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| **Section 5 - Education** | | | |
| **TECHNICAL AND ACADEMIC QUALIFICATIONS** | | | |
| **School, University, University of Technology, College etc.(Supported by certified copies of certificates)** | | | |
| **Year** | **Award/Certificate** | **Course/Main Subjects** | **Educational Establishment** |
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| **Section 6– Auditor,Scheme and sector specific Training** | | | |
| **Auditor Training Course/s** (SAATCA Approved or Equivalent) (Supported by certified copies of certificates) | | | |
| **Date** | **Training Course Provider** | **Title of Course** | **Exam results** |
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| **Section 6– Auditor,Scheme and sector specific Training (continue)** | | | |
| **Other Training Courses Relevant to the Scheme of Application** (Supported by certified copies of certificates) | | | |
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| **Section 7 – Work Experience (Either complete here, or provide copy of current CV)** | | | | |
| From Month/Year: | |  | To Month/Year: |  |
| Name of Organization and Department |  | | | |
| Work Experience |  | | | |
| To Month / Year: |  | | | |
| Job Title |  | | | |
| Details of Work Experience |  | | | |
| Details of Management System Experience |  | | | |

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| **Section 7 – Work Experience (Either complete here, or provide copy of current CV)** | | | | |
| From Month/Year: | |  | To Month/Year: |  |
| Name of Organization and Department |  | | | |
| Work Experience |  | | | |
| To Month / Year: |  | | | |
| Job Title |  | | | |
| Details of Work Experience |  | | | |
| Details of Management System Experience |  | | | |

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| **Section 7 – Work Experience (Either complete here, or provide copy of current CV)** | | | | |
| From Month/Year: | |  | To Month/Year: |  |
| Name of Organization and Department |  | | | |
| Work Experience |  | | | |
| To Month / Year: |  | | | |
| Job Title |  | | | |
| Details of Work Experience |  | | | |
| Details of Management System Experience |  | | | |

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| **Section 8 Application Checklist** |
| Please ensure **all requirements for certification are provided and are indicated  as applicable:**  Completed and signed application form (SF79)  Copy of certified Identification document.  Application fee (Please note that the application fee must be sent with this application**,** and that this application fee is not refundable)  Copy of up to date and current CV. please emphasizes sector knowledge, training and experience).  Completed and signed Code of Conduct – Auditors (SF29)  Completed and signed Code of Conduct – Witnessing Lead Auditor (SF52)  Completed and signed off Audit log, providing details of auditing experience that meets the minimum audit days required by the relevant SAATCA criteria for the scheme. (SF26)  Copy of Auditor Performance Report (SF45) report verified / witnessed by a registered SAATCA Lead Auditor (one of the logged audits on the SF26 relative to the scheme being applied for)  Completed and signed ISO 19011 self-declaration (SF148), if not previously supplied.  Completed and signed relevant application form for sectors (only if specific sectors are applied for, refer section 4.)  Certified copies of qualifications (formal and skills development) and membership(s) of professional bodies / organizations / associations.  Completed and signed Auditee Feedback Report (SF72)  Other (Please list any other submission you have included.     .....................................................................................................................................................................................................       ……………………………………………………………………………………………………………………………………………………………       ……………………………………………………………………………………………………………………………………………………………  Note: On receipt of the application an invoice for the initial application fee will be issued. Please note that proof of payment must be forwarded to the SAATCA office before the application will be processed. Also note that the application fee is not refundable |

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| **Section 9 – SAATCA Terms and Conditions** |
| It is a condition of certification that your name and contact details are recorded in the SAATCA Auditors Certification Register and published on the SAATCA web site: www.saatca.co.za.  All information, correspondence and other documentation submitted in support of this application must be in the English language, or accompanied by a certified translation of the original.  Certification by SAATCA is governed in accordance with South African law and is subject to the exclusive jurisdiction of the South African courts.  Applications will only be considered for evaluation when:   * the application fee has been received. * all sections of this form have been completed. * all the required SF forms, certified copies of original certificates and supporting documentation have been submitted.   The auditor application evaluators of the SAATCA Evaluation Committee may without prior notice contact any of the applicant’s references/ auditee’s/ clients etc to verify the correctness of the application details/audit log details. |

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| **Section 10– Applicant Declaration** | | |
| I, the undersigned, making application for SAATCA auditor certification, understand and agree to uphold the Auditor's Code of Conduct and requirements as defined within SAATCA’s Management System which may from time to time be subject to change.  I confirm that the information contained in this application is correct to the best of my knowledge and belief. I understand and accept that if I provide incorrect information or withhold relevant, requested information, I will be excluded/removed from the SAATCA register and that I will be precluded from re-applying for 3 years.  I also understand that, once certified, I am obliged to notify SAATCA without delay of any changes to my circumstances which, if declared when I made my first application, might have caused SAATCA to exclude me from the register.  I understand that no information relating to a SAATCA registered auditor or SAATCA registered training course provider, other than that already available on the SAATCA official website or other public domain, shall be made available by SAATCA to any third party without the written consent of the organisation or individual concerned, except as provided for by law.  I confirm that I understand that the information contained in this document is solely for the purpose of processing this application for certification and that the identified details will be published on the SAATCA website for successful certification. | | |
| **Name**: | **Signature**: | **Date**: |
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