



Application Form

Standard(s) Required:	<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> OHSAS 18001	<input type="checkbox"/> ISO 45001:2018
	<input type="checkbox"/> SSIP Required	<input type="checkbox"/> ISO 22301:2012	<input type="checkbox"/> ISO 27001:2013	<input type="checkbox"/> ISO 29110:2011
	<input type="checkbox"/> ISO 50001:2011	<input type="checkbox"/> GMP	<input type="checkbox"/> HACCP	<input type="checkbox"/> SA 8000
	<input type="checkbox"/> ISO 22000:2005	<input type="checkbox"/> BS 76000		

Company Name:	
----------------------	--

Company addresses to be certified:	Head Office:	
	Address 2:	
	Address 3:	
	Address 4:	
	Address 5:	

Type of management system:	<input type="checkbox"/> Single	<input type="checkbox"/> Combined	<input type="checkbox"/> Integrated
-----------------------------------	---------------------------------	-----------------------------------	-------------------------------------

Total number of sites to be registered as a multisite:
If multiple sites please indicate locations and employee numbers:

Contact Name (including title):		Position:	
Telephone:		E-mail:	
Website:		Sector:	
Main Language:		Date:	

How did you hear about ACM?	
------------------------------------	--

Name of Consultant (if used):	Company Name:	Website of Consultant:

Do you hold any other third party registrations?

Type of application (please select from the following options):
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Scope Extension <input type="checkbox"/> Transfer (please send in your latest Certificate(s) and Report(s))

Type of Payment:	<input type="checkbox"/> Full Payment	<input type="checkbox"/> Stage Payments
-------------------------	---------------------------------------	---

When will you be ready for a Stage one review:	
---	--

Scope: Please describe what activities your organisation carries out:



Application Form

Please list the number of employees in each area/site: <small>(Please use additional sheets if required)</small>	Full Time	Part Time	Shifts	Full Time (Site 2)	Part Time (Site 2)	Shifts (Site 2)
Senior Management						
Management						
Administration Staff						
Management / Service Area						
Operational Staff (breakdown of employee roles please describe below)						
Quality Control / Technical						
Storage / Warehouse						
Other						
Seasonal Staff						

Approx. number of Sub Contractors: % of total work Sub Contracted: % of work carried out at Clients Site:	Type of work Sub Contracted:

Identify any outsourced processes used by the organisation

ISO 9001 (Only) – Clauses that may not be applicable?

ISO 14001 (Only) – Any environmental concerns from your Interested Parties?

ISO 14001 (Only) – Potential environmental accidents what could arise and the impact these have?

ISO 14001 (Only) – Do you have any seasonal environmental aspects and/or regulated conditions:

OHSAS 18001 / ISO 45001
<p>What are your key hazards and occupational health and safety risks associated to your process</p> <p>What are your main hazardous materials used in the processes and what are your relevant legal obligations applicable to health and safety regulations</p> <p>Number of personnel working on the organisations premises:</p> <p>Number of personnel working away from the organisations premises:</p>



Application Form

Safety Schemes in Procurement (SSIP):

What role does the organisation play in relation to SSIP
(Principal Contractor, Principal Designer, Contractor, or Designer, or combination of these.)

ISO 22000 (Only)

Number of HACCP Plans:

Number of products categories packed:

Do you carry out "in house" laboratory testing or research: Yes No

ISO 27001 (Only)

Please describe the highest risk data your system controls (e.g. Government Ministries, NHS, Banking, Local Authority, Telecom Providers, Non-personal commercial data):

Is there ISMS related information (such as ISMS records or information about design and effectiveness of controls) that cannot be made available for review by the auditor team because it contains confidential or sensitive information?

Please tick box Yes No

Number of Users:

Number of Sites:

Number of Servers:

Number of Workstations, PC's and Laptops:

Number of application developers and maintenance staff:

ISO 50001 (Only)

Please Identify the annual energy usage for the organisation:

Please identify all energy sources for the organisation (electricity, gas, fuel, oil, biomass etc):

Please list the number of employees in each area/site:

(Please use additional sheets if required)

Influence %

(Site 1)

Influence %

(Site 2)

Energy system maintenance staff (internal)

Energy system maintenance staff (external)

EnMS Management Representative

Energy Management Team

Administration Staff

Management / Service Area

Operational Staff

Quality Control / technical

Storage / Warehouse

Others

ISO 22301 (Only)

Please list the number of employees with risk influence:

(Please use additional sheets if required)

Influence %

(Site 1)

Influence %

(Site 2)

Senior Management

Management

Administration Staff

Management / Service Area



Application Form

Operational Staff		
Quality Control / technical		
Storage / Warehouse		
Others		