



# Standards | Training | Certification

## A: Applicant Details

Contact Name:

Position:

Business Name (legal entity):

Trading Name (if applicable):

Main Site Address:

Suburb:

State:

Postcode:

Email:

Telephone:

Note: If more than one location is covered by this application, please complete the Head Office details above and provide details of all other locations in Section D of this form.

## B: Required Scope of Service\*

<b>Business Assurance &amp; Quality Certification</b>	
<b>Sustainability &amp; Environmental Certification</b>	
<b>Safety</b>	

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NCS International Pty Ltd | Website: [www.ncsi.com.au](http://www.ncsi.com.au) | Email: [info@ncsi.com.au](mailto:info@ncsi.com.au) | Call: 1300 856 554

<p><b>Food Safety</b></p>	
<p><b>Required Service other than Certification</b>          If you are seeking a service other than certification please specify (e.g. assessment, gap analysis, internal audits, auditor outplacement, scoping workshop, scheme development etc.)</p>	

## C: ABOUT YOUR BUSINESS

Please provide a brief description of the products, services, activities provided and processes used (e.g., welding, interviewing, trimming, bottling, packing etc.) in the business.

Please provide a description of your business and, the scope/breadth of the business systems to be certified/reviewed (e.g., customer service, sales and finance, but not the warehouse):

How many staff work within the scope of the system?

Please summarize by role/function e.g., 7 Management and Office Administration, 12 Customer Service and Sales, 4 Warehouse, 7 Production etc. If you use contractors and part-time/casual staff, please identify the break-up.

Role/Activity	Full-Time #	Part-Time #	Contractors #	No of Shifts	Location*

\*Please refer to Section D if more spaces are required for location details.





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How long has your system been implemented and in operation?

Does your organisation hold current system certification/accreditation?      No      Yes      Expiry date

When are you seeking certification?

Are you interested in receiving training information?      No      Yes

## C: ADDITIONAL LOCATION(S) – if applicable

Please provide details of all additional locations to be covered by this application. If there is insufficient room to record the details of all locations, please copy this page and attach.

Suburb & Postcode	Full-Time #	Part-Time #	Contractors #	No of Shifts	Description of Site Activities

## EXTRA INFORMATION

## D: FEEDBACK

How did you hear about NCS International and its services?      Internet      Referral      Other

Please provide details

