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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Organisation:** | | | | | | | |
| **Name and Type of Business:** | | | |  | | | |
| **URL:** | | | |  | | | |
| **Contact Information** | | | | | | | | |
| **Name:** | |  | | | **Title:** | |  | |
| **Business Address:** | | |  | | | | | |
| **Phone:** |  | | | | **FAX:** |  | | |
| **E-mail:** |  | | | | | | | |
| **Scope:** The proposed scope of the ITSM in terms of the organization providing the services, the services delivered – and optionally the technologies, geographical locations, and the customer and locations to which services are provided. | | | | | | | |
| For example: The Service Management System of *X* that delivers (T), S from (L) to (C) at (P). | | | | | | **X:** Name of service provider organizational unit  **T:** technology(s)  **S:** Service(s)  **L:** Location(s)  **C:** Customer(s)  **P:** Customer Location(s)  \* T, L, C and P are optional | |
| **Total number of staff within scope of certification** *(Delivering and Managing IT Services):-* | | | | | |  | |
| **Do you want an APMG itSMF accredited certificate –** subject to an additional three yearly management fee. | | | | | | Please circle or delete **（Yes / No）** | |
| **If you answered yes to APMG itSMF do you want your certification to be published** - **on the AMPG itSMF web site** [**www.isoiec20000certification.com**](http://www.isoiec20000certification.com) | | | | | | Please circle or delete**（Yes / No）** | |
| **Note**:- All BSI ISO 20000-1 certificates will be accredited to UKAS and/or ANAB depending on country of issue. | | | | | | | |

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| **Service Management System – Objectives** | |
| **Briefly describe the reason for seeking certification of your Service Management System and any significant service issues or risks:-** | |
| **If a range of services are included in the scope, list the Type of Services and the numbers of staff involved - and indicate whether services are offered remotely** | |
|  | |
| **Are there any records or documents, processes or facilities which cannot be reviewed by the BSI** assessor **even after signing the contractual nondisclosure agreement?** | **(Yes / No）** | |
| **If yes give details:** | | |
| **Other Parties–** please give details of any service management processes or parts of processes which are operated by other parties – internal or external to the organisation | | |
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| **Exclusions - Indicate any areas which are intended to be specifically excluded from certification –** it is not possible to exclude any of the ISO 20000-1 Service Management Processes, however it may be possible to limit scope of certification to specific services, customer or locations: | | | | | |
|  | | | | | |
| **Other certified management systems and status that relate to the scope of the SMS** (please insert certificates reference numbers, and attach copies of any certificates not issued by BSI) | | | | | |
|  | | | | | |
| **Are you wishing to have related standards assessed as part of a combined or integrated management system?** | | | Please circle or delete **Yes / No** | | |
| **Maturity of SMS –** give an indication of the maturity of the Service Management System based on the completeness of the documentation and extent of implementation of the service management processes, duration of implementation (months), and the status of you internal audit and management review activities:-- | | | | | |
|  | | | | | |
| **Has a consultant been used to develop or implement the SMS?** | | | | Please circle or delete **Yes / No** | |
| **If yes give details:** | | | | | |
| **Do you have a copy of the ISO 200000-1 Standard?** | | | | Please circle or delete **Yes / No** | |
| **Would you like Pre-assessment/Gap analysis visit?** | | | | Please circle or delete **Yes / No** | |
| **Insert here any other relevant information that you would like to provide:-** | | | | | |
| **Sites and Locations – Starting with Head Office give details of all sites/locates within the certification scope.** | | | | |
| **Site name/**  **Address including Post Code** | **No. Staff & Shifts** | **Give details of Business Activities, SMS Processes, and Services Provided** | | | | |
|  |  |  | | | | |
| **Site name/**  **Address including Post Code** | **No. Staff & Shifts** | **Give details of Business Activities, SMS Processes, and Services Provided** | | | | |
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| **Site name/**  **Address including Post Code** | **No. Staff & Shifts** | **Give details of Business Activities, SMS Processes, and Services Provided** | | | | |
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| **Comments or additional information:-** e.g. languages, logistics, differing legal requirement, temporary sites etc. Continue on another sheet if required | | | | | | |