|  |
| --- |
| **1 Organisation name** |
| Main site address: |       |
| Postcode |       |
| Invoice address if different from above: |       |
| Postcode |       |
| Website:  |       | Tel: |       | Fax: |       |
| Contact name:  |       | Job title: |       |
| Email:  |       | Tel: |       | Mobile: |       |
| **2 Details of main site and other sites/agencies Address and Postcode** | **No. of****Shifts** | **Number of staff in shift** | **Staff no** |
| **1** | **2** | **3** | **4** |
| **Site 1:** |       |       |       |       |       |       |       |
| **Site 1:** |       |       |       |       |       |       |       |
| **Site 2:** |       |       |       |       |       |       |       |
| **Site 3:** |       |       |       |       |       |       |       |
| **Site 4:** |       |       |       |       |       |       |       |
| **Site 5:** |       |       |       |       |       |       |       |
| (Please continue on separate sheets as necessary) | **Total no. of employees\*:** |  |
| Details of any “dark” or DR Sites:      |
| \*Where part time workers or contracted workers are employed, please provide full time equivalent i.e. 10 persons x 4 hrs / normal working hours. |

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| **3 Please outline the activities your employees conduct and the number involved in each task. For example: Maintenance, Office based, Production** |
| **Task** | **Number involved** | **Task** | **Number involved** |
| Marketing |  | Finance |  |
| Internal Sales |  | R & D |  |
| Sales-Field Based |  | HR |  |
| Operations / Delivery Site Based |  | Maintenance |  |
| Operations / Delivery Field Based |  | Other |  |
| Compliance / QA |  |  |  |
| **4 Are significant numbers of your employees involved in conducting the same task?**  |
| If so, please give details of the task and the number of employees involved. |
|       |
| **5 Please detail below any areas/sites/processes of the organisation NOT covered by the BCMS.** |
|       |
| **6 Please provide a brief description of the activities/processes/products/services of your organisation**  |
|       |
| 7 **Please provide a us some further information about your organisation** |
| 1. Do you have a number of interdependent operating sites which will be covered by the scope of registration?
 | **Yes** ❒ **No** ❒ |
| 1. Have you proven through exercises you have a replicated/back up site which allows for your critical activities to be resumed?
 | **Yes** ❒ **No** ❒ |
| 1. Is your organisation part of you Countries Critical National Infrastructure i.e Telecoms, Finance, Utilities, Health, Broadcasting etc. or does your Government express interest in your organisation i.e have you listed them in your BCMS as an “interested party”.
 | **Yes** ❒ **No** ❒ |
| 1. Are you externally regulated? If so, by whom?
 | **Yes** ❒ **No** ❒ |
| 1. Are you recognised as a “Superbrand”, a well-recognised and respected brand in the market or are you a critical supplier to such?
 | **Yes** ❒ **No** ❒ |
| 1. Have you experienced a BC incident/near miss within the last 6-12 months, where your product/service has been impacted?
 | **Yes** ❒ **No** ❒ |
| 1. Is your organisation within an industry where the likelihood or impact of an incident occurring is more likely or could be catastrophic to the wider community or your industry?
 | **Yes** ❒ **No** ❒ |
| 1. Do you require high/continuous availability i.e. does it work 25x7?
 | **Yes** ❒ **No** ❒ |
| 1. Do you employ a large workforce whereby its disruption could cause an impact to the local economy?
 | **Yes** ❒ **No** ❒ |
| 1. Does your organisation outsource the any of your critical activities?
 | **Yes** ❒ **No** ❒ |
| **8 Are you?**  |
| **a.** A new BSI Client | Yes [ ]  | No [ ]  | **b.** A transferring client | Yes [ ]  | No [ ]   |
| If a transferring client, please provide details of previous/current registration(s): |
|       |
| **9 Do you have an assessment date?** | Yes [ ]  | No [ ]  | Date: |       |
| **10 Do you outsource any processes? If yes give details below** | Yes [ ]  | No [ ]  | Date: |       |
|       |
| **11 Confirm any Restricted Areas/Proprietary Information/Confidentiality requirements** |
|       |
| **12 Will you be using a Consultant to help you implement your BCMS?** |
| Yes [ ]  | No [ ]  | (If applicable, please complete their details below) |
| Consultant name: |       |
| Address:  |       |
| Email:  |       | Tel: |       | Fax: |       |

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| **13 Declaration**  |
| I confirm that I am the authorised representative of my organisation and that the above information is correct. I confirm that the organisation undertakes to comply with the regulations relating to registration and to pay all fees and charges connected with the registration process, irrespective of the eventual granting of registration.  |
| Date:  |       | Name: |       |
| **14 Where did you hear about BSI:**  |
| By recommendation from consultant | [ ]  | From an advert (please specify publication if known) | [ ]  |
|       |
| By recommendation from another company | [ ]  | From an advert (please specify publication if known) | [ ]  |
|       |
| Via BSI’s web site  | [ ]  | From some editorial (please specify publication if known) | [ ]  |
|       |
| Via a search engine: e.g. Google | [ ]  | Other (please specify) | [ ]  |
| We are an existing BSI client | [ ]  |       |
| **Data Protection Act 1998**  |
| This information is collected, processed and stored, to adhere with the UK Data Protection Act 1998. Information will be held and used throughout the BSI Group and may, from time to time be used to send you marketing information relating to products or services we feel you may be interested in. |
| Please confirm that you would be happy to receive this information: | By fax: | [ ]  | Email: | [ ]  | Telephone: | [ ]  |
| [ ]  | Please tick here if you would prefer not to receive marketing information from BSI Group |