**APPLICATION FORM – GECA ASSURANCE PROVIDER**

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| ORGANISATION NAME: |  |
| HEAD OFFICE ADDRESS: |  |
| HEAD OFFICE PHONE NUMBER: |  |
|  |  |
| REPRESENTATIVE NAME: |  |
| PHONE NUMBER: |  |
| EMAIL ADDRESS: |  |
|  |  |
| WHICH SCHEME ARE YOU APPLYING FOR? |  |
| HOW MANY ASSESSORS WILL BE QUALIFIED IN THIS SCHEME? |  |
| WHICH STANDARDS ARE YOU APPLYING FOR? |  |
| * ALL |  |
| * SELECTION (PLEASE LIST) |  |
| When do you require appointment? |  |
| Have you conducted a GECA Assessment previously? |  |
| Does your organisation have ISO 17065 accreditation in another scheme? |  |
| Does your organisation have ISO 9001 certification? |  |
| Does your organisation have professional indemnity insurance? |  |
| What is your motivation for appointment to the GECA Scheme? |  |

By submitting this application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name) commits to conducting assessments through the portal managed by GECA and working with GECA to ensure streamlined processes for assessment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also acknowledges the associated administration and supervision costs.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorised Representative Only)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_