

PLEASE READ CAREFULLY  
AND COMPLETE IN DETAIL



**HONG KONG INSTITUTION OF CERTIFIED AUDITORS**  
**香港專業審核師學會**

The Secretary, Room 108, 1/F Sun Ling Plaza, 30 On Kui Street, Fanling, New Territories  
Tel: 2789 2389, HomePage: <http://www.hkica.org>, Email: [info@hkica.org](mailto:info@hkica.org)

**CERTIFICATION SCHEME OF QUALITY MANAGEMENT SYSTEM AUDITOR**  
**POTENTIAL EXAMINER INFORMATION FORM**

Applicant to complete Sections A, B, C and D.

Supporter to provide specimen initial in Section E and to initial those parts of Section C which are appropriate.

**Section A**  Personal details (Complete in block letters or type)  
(Please indicate your name as shown on the H.K.I.D. Card or other identification documents)  
\*: (First alphabetical letter and first 3 number digits e.g. G112xxxxx)

Name:	_____	Nationality:	_____	Sex: F / M
Identity documentation:	I.D. Card / Passport / Other: _____	Identity No.*:	_____	
Address for Communication	_____			
Personal Tel. No. :	_____	Mobile No. :	_____	E-mail: _____
QMS Certificate No.	_____	Year certified:	_____ first _____	Sector code(s): _____
Company name:	_____			Position: _____
Company Tel. No.:	_____	Company E-mail :	_____	

**Section B**  Obligation

I declare that the facts stated in this application are true and correct. I agree that HKICA can verify the authenticity of the facts for the purpose of appointment.

I commit :

- 1 in the event of being appointed by the Hong Kong Institution for Certified Auditors, to abide with the points to note and Code of Conduct as stipulated in this form and appointment letter, as it now is, or as it may hereafter be amended.
- 2 not to solicit or accept any advantage as defined in Section 2(1) of the Prevention of Bribery Ordinance, Cap. 201 in respect of all HKICA work.
- 3 to avoid any potential conflict of interest.
- 4 not disclose confidential information of applicants, training organizations, certification body, etc. to any person other than member of the Certification Body or an officer of the Secretariat.
- 5 to immediately report full details of incidents of undue influence, corrupt or unethical practices to the Certification Body.
- 6 to familiarize myself with the Certification Scheme and evaluation documents and related procedures.
- 7 I have / have not\* been convicted of a criminal offence
- 8 I accept that my personal information may be disclosed to the candidate or organization to be evaluated and to other team members.

Signature of applicant : \_\_\_\_\_ Date: \_\_\_\_\_

\* PLEASE DELETE AS APPROPRIATE

**Section C**  **Academic / Working / Examiner experience**

- \* If you are applying for re-appointment or extension you need not complete Sub-Sections 1, 2, 3 and 4 unless additional information different from previous application are submitted.
- \* Your entries in this section should be contained within the space provided. If there is insufficient space, please give details on separate sheets to be attached to this form.

From Mth/Yr	To Mth/Yr	<input type="checkbox"/> Academic qualifications (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy).			Verifying Initials of Supporters
<b>Sub-Section 1</b>		Tertiary Institute/Examination Board and country	Award and date	Discipline / Subject studied	
<b>Sub-Section 2</b>		<input type="checkbox"/> Professional body membership (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy).			
		Institute/ Professional body	Award and date		
<b>Sub-Section 3</b>		<input type="checkbox"/> Working Experience (Details required of experience, positions held and management system experience) and a detailed CV. If there is insufficient space, please give details on separate sheets to be attached to this form.			
		Organization	Position held		
<b>Sub-Section 4</b>		Examiner Experience		Organization, Programme title or Examination Board	
		<input type="checkbox"/> Written <input type="checkbox"/> Interview <input type="checkbox"/> Witness			
		<input type="checkbox"/> Written <input type="checkbox"/> Interview <input type="checkbox"/> Witness			
		<input type="checkbox"/> Written <input type="checkbox"/> Interview <input type="checkbox"/> Witness			
		<input type="checkbox"/> Written <input type="checkbox"/> Interview <input type="checkbox"/> Witness			
		<input type="checkbox"/> Written <input type="checkbox"/> Interview <input type="checkbox"/> Witness			
		<input type="checkbox"/> Written <input type="checkbox"/> Interview <input type="checkbox"/> Witness			

**Section D**  Application details (Choose the sector codes which can be supported by your experience):

Application:	<input type="checkbox"/> Written examination marker	<input type="checkbox"/> Skill examination evaluator	<input type="checkbox"/> Training organization and course evaluator
	<input type="checkbox"/> Initial	<input type="checkbox"/> Extension	<input type="checkbox"/> Re-appointment
<input type="checkbox"/> 1. Agriculture and fishing	<input type="checkbox"/> 2. Mining and quarrying	<input type="checkbox"/> 3. Food products, beverages and tobacco	<input type="checkbox"/> 4. Textiles and textile products
<input type="checkbox"/> 5. Leather and leather products	<input type="checkbox"/> 6. Wood and wood products	<input type="checkbox"/> 7. Pulp, paper and paper products	<input type="checkbox"/> 8. Publishing companies
<input type="checkbox"/> 9. Printing companies	<input type="checkbox"/> 10. Manufacture of coke and refined petroleum	<input type="checkbox"/> 11. Nuclear fuel	<input type="checkbox"/> 12. Chemicals, chemical products and fibres
<input type="checkbox"/> 13. Pharmaceuticals	<input type="checkbox"/> 14. Rubber and plastic products	<input type="checkbox"/> 15. Non-metallic mineral products	<input type="checkbox"/> 16. Concrete, cement, lime, plaster etc.
<input type="checkbox"/> 17. Basic metals and fabricated metal products	<input type="checkbox"/> 18. Machinery and equipment	<input type="checkbox"/> 19. Electrical and optical equipment	<input type="checkbox"/> 20. Shipbuilding
<input type="checkbox"/> 21. Aerospace	<input type="checkbox"/> 22. Other transport equipment	<input type="checkbox"/> 23. Manufacturing not elsewhere classified	<input type="checkbox"/> 24. Recycling
<input type="checkbox"/> 25. Electricity supply	<input type="checkbox"/> 26. Gas supply	<input type="checkbox"/> 27. Water supply	<input type="checkbox"/> 28. Construction
<input type="checkbox"/> 29. Wholesale and retail trade, repair of motor vehicles, motorcycles, personal and household goods	<input type="checkbox"/> 30. Hotels and restaurants	<input type="checkbox"/> 31. Transport, storage and communication	<input type="checkbox"/> 32. Financial intermediation, real estate and renting
<input type="checkbox"/> 33. Information technology	<input type="checkbox"/> 34. Engineering services	<input type="checkbox"/> 35. Other services	<input type="checkbox"/> 36. Public administration
<input type="checkbox"/> 37. Education	<input type="checkbox"/> 38. Health and social work	<input type="checkbox"/> 39. Other social work	<input type="checkbox"/> 98. Other _____

**Section E**  Attestation by Supporter (Certified Auditor or Lead Auditor) / Company

My Company / I support the Applicant from personal knowledge, as a person worthy of consideration for appointment as examiner and I endorse the correctness of those parts of Section C including working experience, academic and training qualification which have identified by my Chop / initial.

Nominated  
Company

Supporter :

Company Chop

Supporter's signature :

Date:

Date :

## **Points to Note for Application as Examiner**

1. Applicant shall be a HKICA Certified Lead Auditor or equivalent qualification.
2. Applicant is committed to abide the following Code of Conduct:
  - (a) be impartial, objective, positive, open and helpful;
  - (b) avoid any situation that may give rise to real or perceived conflict of interest or compromise of impartiality;
  - (c) not accept bribery of any form;
  - (d) not discuss with or disclose to any third party any findings or confidential information relating to any evaluation activity unless required by law or with written consent of both President of the Certification Body and the evaluated candidate or organization/body;
  - (e) not act in any way that may prejudice the reputation and interests of HKICA and the candidate or organization/body being evaluated;
  - (f) only undertake examination in which one is competent, be prepared to admit one's limitation but ready to exercise judgment within one's area of expertise;
  - (g) prepare adequately and diligently, focus on significant issues and report findings truthfully and fairly;
  - (h) treat all persons tactfully and with respect;
  - (i) consider seriously the views of the evaluated candidate and/or organization; and
  - (j) cooperate fully with other members of the evaluation team, if appropriate.

### 3. Submission of application form and related documents

Send the application form and documentary evidence to the Secretary by mail.

Address: Room 108, 1/F Sun Ling Plaza, 30 On Kui Street, Fanling, New Territories

HomePage: <http://www.hkica.org>

Email: [hkica.hkica@gmail.com](mailto:hkica.hkica@gmail.com)

Tel: 2789 2389

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<b>Initial</b>	<b>Re-appointment // Extension</b>
Application No: _____	Application No: _____
Date received: _____	Examiner No. _____
Academic qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last appointment date: _____
Auditing experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	CPDU log: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
QMS Certificate No. _____	QMS Certificate No. _____
Evidence sufficient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation report: <input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation date: _____	Evaluation date: _____
Examiners in <input type="checkbox"/> Written <input type="checkbox"/> Skill <input type="checkbox"/> Training organization	Examiners in <input type="checkbox"/> Written <input type="checkbox"/> Skill <input type="checkbox"/> Training organization
Appointment date: _____	Re-appointment date: _____
Reviewed by : _____	Reviewed by : _____
Checked by _____	Checked by _____

主办机构  
Organised by



**Hong Kong Institution of Certified Auditors**  
香港专业审核师学会

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