

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

CERTIFICATION SCHEME OF MANAGEMENT SYSTEM AUDITOR
APPLICATION 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)

I wish to apply for the following Management System (please tick one or more boxes)

QMS (ISO 9001:2015)

EMS (ISO 14001:2015)

OH&S (ISO 45001:2018)

Name: _____ Nationality: _____ Sex: F / M

Identity documentation: I.D. Card / Passport / Other: _____ Identity No.:* _____

Address for Communication _____

Personal Tel. No. : _____ Mobile No. : _____ E-mail: _____

Company name: _____ Position: _____

Company Tel. No.: _____ Company E-mail : _____

Section B

Obligation

I have read and agree to abide to **HKICA01/HKICA31/HKICA21*** Regulations for Certification Scheme for **Quality / Environmental / Occupational Health and Safety*** Management System Auditor. 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 certification

I commit :

- 1 to abide with the Regulations and pay the fee and charge as set by the Certification Body as it now is, or as it may hereafter be amended.
- 2 make claims regarding certification only in respect of the scope for which certification has been granted
- 3 not to claim the certification status in such a manner as to bring the certification scheme into disrepute, and refrain from making any misleading or unauthorised statement regarding the certification
- 4 discontinue all claims to certification upon termination or withdrawal of certification, and return any certificates issued by HKICA
- 5 not use the certificates and the HKICA logo in a dishonest or fraudulent manner.
- 6 HKICA has the ownership of the issued certificates.
- 7 I have / have not* been convicted of a criminal offence
- 8 I declare that I will not release examination questions or participate in fraudulent test-taking practices. I know that if I have special needs during the exam, question in this respect can be directed to HKICA. °
- 9 I accept that my personal information and performance in examination is released to personnel within HKICA, Accreditation Officer and Auditor during assessment.
- 10 I accept / do not accept, that if certified, that my name, certificate number and expiration date is published on internet.

Signature of applicant : _____ Date: _____

* PLEASE DELETE AS APPROPRIATE

Section C **Academic / Working / Training**

- * If you are applying for re-certification or upgrading 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
Sub-Section 1		<input type="checkbox"/> Tertiary Institute/Examination Board and country	
		Award and date	
		Discipline / Subject studied	
Sub-Section 2		<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	
Sub-Section 3		<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	
Sub-Section 4		<input type="checkbox"/> Approved Training Programmes (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy).	
		Training organization	
		Programme title	

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

Certification:	<input type="checkbox"/> Initial application	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Re-certification
Levels:	<input type="checkbox"/> Internal Auditor	<input type="checkbox"/> Assistant Auditor	<input type="checkbox"/> Auditor <input type="checkbox"/> Lead Auditor
<input type="checkbox"/> Written examination	<input type="checkbox"/> Basic Knowledge	<input type="checkbox"/> Auditing knowledge and technique	<input type="checkbox"/> Management theory and application techniques
<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 certification to the level of auditing personnel 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 : _____

THIS FORM NEEDS TO BE COMPLETED & RETURNED TOGETHER WITH THE FEES REQUIRED. (Details please refer to HKICA03 Schedule of Fees for Person Certification). AUDITOR/LEAD AUDITOR APPLICANTS SHALL ALSO PROVIDE AUDIT LOG TOGETHER WITH THE APPLICATION

Guidelines for Application for Certification

1. Applicant has read and understood the certification criteria and regulations as set by HKICA.
2. Complete the on-line “Certification Application”
3. Applicant has confirmed the information uploaded to the “Certification Application” system is accurate.
4. Payment of fee
Payment method:
 - (a) Bank transfer to HKICA Hang Seng Bank account N0. 390-202588-001
 - (b) Mail a cheque payable to “Hong Kong Institution of Certified Auditors Limited” to the Secretary of HKICA. Post-dated cheque is not accepted.
Remarks: please provide the applicant’s name on back of the cheque.
5. Submission of application form and related documents
Send the application form, evidence and cheque to the Secretary by mail.
Address: Room 108, 1/F Sun Ling Plaza, 30 On Kui Street, Fanling, New Territories
OR by Email to info@hkica.org
Tel: 2789 2389
6. HKICA Secretariat will inform the applicant by e-mail confirming the receipt of application within 5 working date. Missing records and documents will be requested to be provided.
7. Checklist of records and evidence
8. The audit experience should be gained within 3 years from the date of application for initial applicant as certified auditor. In case the audit experience was obtained under two companies, evidence showing the change in employer should be provided.

Initial application	<input type="checkbox"/> Academic Qualification	<input type="checkbox"/> Training Qualification	<input type="checkbox"/> Working experience
	<input type="checkbox"/> Examination results	<input type="checkbox"/> Audit experience (Applicable for Auditor only)	
Upgrade	<input type="checkbox"/> Examination results	<input type="checkbox"/> CPDUs record	<input type="checkbox"/> Audit log
Re-certification	<input type="checkbox"/> CPDUs record	<input type="checkbox"/> Audit log	

FOR SECRETARIAT USE ONLY

☐ Applicant is a direct/indirect HKICA employee. IF 01b shall be completed before issuing certificate to applicant

Application No:	_____	Results of examination:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Date received:	_____	Valid date of examination results:	_____
Audit log:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Certification decision:	<input type="checkbox"/> Granted <input type="checkbox"/> Decline
CPDU log:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date of granting certification/recertification:	_____
Examination result:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date of granting upgrade:	_____
Evidence sufficient::	<input type="checkbox"/> Yes <input type="checkbox"/> No	QMS Certificate No.:	_____
Total fees (HK\$):	_____	Sector code(s) :	_____
Confirmation date:	_____		_____
Examination taken on:	_____	Re-certification date:	_____
Reviewed by :	_____	Reviewed by :	_____
Checked by:	_____	Checked by:	_____

NA: not applicable