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| 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 LABORATORY AUDITOR**

**APPLICATION FORM**

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| **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)** | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Laboratory (ISO 15189：2012)** | | | | | | | | | | **Testing and Calibration Laboratory (ISO 17025:2017)** | | | | | | | | | | |  | | | |
|  | Name: | |  | | | | Nationality: | | | | | |  | | | Sex: F / M | | | |
|  | Identity documentation: | | | | I.D. Card / Passport / Other: | | | | | | | Identity No.:\* | | 按一下或點選這裡以輸入文字。 | | | | | |
|  | Address for Communication | | |  | | | | | | | | | | | | | | | |
|  | Personal Tel. No.： | | |  | | Mobile No. : | | | |  | | | | | E-mail: | | |  | |
|  | Company name: | | |  | |  | | | | | Position: | | | |  | |  | | |
|  | Company Tel. No.: | | | 按一下或點選這裡以輸入文字。 | | | | | Company E-mail： | | | | | | 按一下或點選這裡以輸入文字。 | | | | |
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**Section B □** Obligation

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| I have read and agree to abide to **HKICA11 Regulations for Certification Scheme for Medical Auditor / HKICA41 Regulations for Certification Scheme for Testing and Calibration 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. | | | |
| 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**

1. 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.
2. 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.

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| From  Mth/Yr | | To  Mth/Yr | | 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** | | | | Tertiary Institute/Examination Board and country | | Award and date | | Discipline / Subject studied |  |
|  |  |  |  | 按一下或點選這裡以輸入文字。 | |  | |  |  |
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| **Sub-Section 2** | | | | 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 | |  |
|  |  |  |  | 按一下或點選這裡以輸入文字。 | | | 按一下或點選這裡以輸入文字。 | |  |
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| **Sub-Section 3** | | | | 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 | |  |
|  |  |  |  | 按一下或點選這裡以輸入文字。 | | | 按一下或點選這裡以輸入文字。 | |  |
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| **Sub-Section 4** | | | | 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 | | | |  |
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**Section D □** Application details **(Choose the sector codes which can be supported by your experience):**

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| Certification: | Initial application | Upgrade | | Re-certification |
| Levels: | Lead Auditor Auditor  Assistant Auditor | | | |
| Written examination | Management theory and application techniques | | Interview | |

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| **Section E □** | Attestation by Supporter (HKICA Member) / 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.

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| --- | --- | --- | --- |
| 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).**

**Guidelines for Application for Certification**

1. Applicant has read and understood the certification criteria and regulations as set by HKICA
2. Applicant has confirmed the information uploaded to the “Certification Application” system is accurate.
3. Payment of fee

Payment method:

1. Bank transfer to HKICA Hang Seng Bank account N0. 390-202588-001.
2. 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 attach copy of the transfer slip OR

provide the applicant’s name on back of the cheque to your application.

1. 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 Email to [info@hkica.org](mailto:info@hkica.org)

Tel: 2789 2389

1. 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.
2. Checklist of records and evidence
3. 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.

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| Initial application | Academic Qualification | Training Qualification | Working experience |
|  | Examination results | Audit experience (Applicable for Auditor only) | |
| Upgrade | Examination results | CPDUs record | Audit log |
| Re-certification | CPDUs record | Audit log |  |

FOR SECRETARIAT USE ONLY

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| --- | --- | --- | --- | --- | --- |
| Application No: |  | | Results of examination: | Pass Fail NA | |
| Date received: |  | | Valid date of examination results: | |  |
| Audit log: | Yes No NA | | Certification decision: | | GrantedDecline |
| CPDU log: | Yes No NA | | Date of granting certification/recertification: | |  |
| Examination result: | Yes No NA | | Date of granting upgrade: | |  |
| Evidence sufficient: | Yes No | | Laboratory Auditor Certificate No.: | |  |
| Confirmation date: | |  |  | |  |
| Examination taken on: | |  | Re-certification date: | |  |
| Reviewed by : | |  | Reviewed by : | |  |
| Checked by: | |  | Checked by: | |  |

NA: not applicable