

 AdeQuaTE <small>Academy for Quality in Training & Education</small>	Document Title: Application for CSEND/AdeQuate® Certification & Registration		Doc Number: AQTE/GD/406e	
			Version: 6.1	Date: 10.12.2016
Prepared by: _____ LSY__	Audit Scope Specification		Security: _____ Restricted _____	
Approved by: _____ RS _____	Initial Version1 Issued Date: 14 March 2002	Language: English	Page: 1 of 1	

Client Information - <input type="checkbox"/> First Certification <input type="checkbox"/> Re-Certification <input type="checkbox"/> Change of Certification Scope			
• Name of Client			
• Adress			
• Place/Country			
• Contact Person			
• Job Function			
• Telephone		Fax	
• e-mail		Web Site	
• Audit Scope	<input type="checkbox"/> Training products/programmes (e.g. talent development programme) <input type="checkbox"/> Training management system <input type="checkbox"/> Training function/ service /department/unit		
• For certifying training products, please indicate the No. of training products or programmes that will be covered by the scope			
• Location of the Audit			
• No. of Employees at Audit location			
• No. of org. units at Audit location, including business units, support units and subsidiaries (please attach an organogramme)	o Number of departments: _____ o Number of subsidiaries/business units: _____ o Number of locations: _____		
• If part of Holding, the name of Parent Company			
• If you organisation is a training provider, please indicate which training dimension to be audited	<input type="checkbox"/> In-service training for the staff <input type="checkbox"/> Open enrolment courses, how many? _____ <input type="checkbox"/> Custom-tailored courses (exclusive). Please attach a sample programme flyer.		
• Quality Standard applied	AQ 10015+ Training Quality Management Certification Standard based on ISO10015:1999		
• Legal requirements concerning training, e.g., minimum expenditure for training, affirmative or equal employment laws			
• Contact person at CSEND-AdeQuaTE or Sales Representative			
• Requisite Documents for Application <i>Information submitted will be treated confidentially.</i>	1. Training policy of your organisation 2. Structure of the audited organisation (organogramme) 3. Sample of a training programme		

The client organisation confirms that it has taken note of the Application for Certification. Information contained will determine the scope of CSEDN/AdeQuaTE® Certification and Registration. Any changes to information pertained in this form must be communicated to CSEND/AdeQuaTE® within 30 days. This application will come into effect when sent to AdeQuaTE by e-mail or fax.

Place, Date _____ Authorised Signature: _____

To be sent to: **Academy of Quality for Training & Education (AdeQuaTE)**
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