***Disclaimer:*** *The information provided in this application form is strictly confidential and will be used solely for the purpose of processing your application for Certification of Person Scheme. It will not be disclosed to any third party without your explicit consent, except as required by law.*

*SIRIM Academy is committed in ensuring the confidentiality, protection and security of Certified Person’s personnel information made available to SIRIM Academy in accordance with the Personal Data Protection Act 2010. This commitment is also stipulated in SIRIM Berhad Privacy Policy accessible at https://www.sirim.my/Privacy-Policy.*

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| --- | --- | --- |
| To be sent to:  SIRIM Academy Sdn Bhd  Building 3, SIRIM Complex  No.1, Persiaran Dato’ Menteri, Section 2 40700 Shah Alam  Selangor Darul Ehsan  MALAYSIA  Tel: 03 5544 6084/6085  Email: [SAcb@sirim.my](mailto:SAcb@sirim.my) | | |
| 1. **Personal Details** | | |
| **Applicant name:** | **Postal Address:** | |  |
| **Identification Number (IC No):** | **Mobile No. :**  **Email :** | |
| **Name of Employer & Address, Telephone No.,**  **Fax No. (if any):** | |  |
| **Certification Scheme:** | **Certificate Number :** | |

## Professional Development *(enclose \*certified copy of training/seminar/conference/relevant program certificate or*

## *record of attendance)*

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE**  *(E.g.* *ISO 9001:2015 Internal Auditing, Seminar on HACCP)* | **DATE**  *(E.g.* *28-29 January 2021)* | **PROGRAM DURATION**  *(E.g.* *2 days)* | **TRAINING PROVIDER/ORGANIZER**  *(E.g. SIRIM Academy, BSI)* |
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1. **Confirmation on continuation of competency** *(please provide related documents as evidence, e.g. audit plan, audit finding report, improvement project report*)

|  |  |  |
| --- | --- | --- |
| **FROM**  **DATE**  *(E.g. 2 Jan 2024)* | **TO**  **DATE**  *(E.g. 3 Jan 2024)* | **PROJECT/AUDIT ACTIVITY**  *(E.g.* *QMS Internal Audit at Finance Section, ABC Sdn Bhd)* |
|  |  |  |
|  |  |  |
|  |  |  |

**DECLARATION**

• I am aware of and familiar with the requirements for the Certification Scheme. Should my application be accepted, I understand that these requirements shall be fulfilled

• I agree to comply with the certification requirements and to supply any information needed for the assessment

• I declare that I will comply with existing requirements for the Certification Scheme, and will not misrepresent the scope of certification

• I hereby declare that the information and supporting documentations provided are valid and correct at the point of application

• Upon suspension or withdrawal of my certification, I agree to immediately discontinue any claim to hold certification and to return all certificates to SIRIM Academy Sdn Bhd

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## For SIRIM Academy use only:

**Reviewed by Scheme Coordinator**

## NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION \* MEET / DOES NOT MEET CERTIFICATION SCHEME REQUIREMENTS**

\* Strike off whichever is not applicable

**Approved by Head of Department/Section**

## NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_