| **Application for Registration** | | | | |
| --- | --- | --- | --- | --- |
| Assessment Type | Initial Audit  Transfer Assessment  Other (please specify): | | | |
| Standard/Scheme (accredited) | ISO 9001:2015 ISO 14001:2015 ISO 45001:2018 ISO 55001:2014 ISO 27001:2022 Other (please specify): | | | |
| Standard/Scheme (un-accredited) | HACCP ISO 22001:2018 Other (please specify): | | | |
| Organisation Name |  | | | |
| ABN/ACN |  | | | |
| Head Office/Registered Office |  | | | |
| Name of the key contact person |  | | | |
| Position |  | | | |
| Phone Number |  | | | |
| E-mail |  | | | |
| Desired scope of the certification |  | | | |
| Single Site Multi site (In case of multisite, please fill up the Multisite Eligibility and Site Sampling Form#477269182) | | | | |
|  |  | | | |
|  |  | | | |
| Information about branch offices/sites, if any (please list name and address) or select None | | | | |
|  |  | | | |
|  |  | | | |
| Information about temporary sites, if any (please list name and address) or select None | | | | |
|  |  | | | |
|  |  | | | |
| List key processes and operations |  | | | |
| List key organisational functions |  | | | |
| Relationships (i.e., Franchise or Overseas office) |  | | | |
| Legal and other obligations, if any |  | | | |
| Please list outsources processes, if any |  | | | |
| No. of Shifts and its  Staff Strength *(includes all offices and sites)* |  | | | |
| Consultancy relating to the management system to be certified has been provided  Yes No. If ‘Yes’ please include the name and contact details below: | | | | |
| Name of the person or organisation |  | | | |
| Contact details |  | | | |
| Human and Technical Resources/Number of employees: | | | | |
| Role Description: Please refer to the organisation chart to extract the role descriptions (Please use a separate page if required) | Full time permanent | | Temporary, and Part-time | Contractor |
| Managing Director/CEO |  | |  |  |
| Accounts |  | |  |  |
| HR /HSEQ |  | |  |  |
| Leading Hand |  | |  |  |
| Supervisor |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Total Number of Full Time Employee: |  | |  |  |
| Total Number of Full Time Employee: |  | | | |
| **ISO 45001:2018 Specific: Not Applicable** | | | | |
| List key hazards and OHS risks associated with processes. |  | | | |
| List main hazardous materials used in the processes |  | | | |
| List any legal obligations applicable from OH&S legislations |  | | | |
| Does your business provide services at another organisation’s premises? (If yes, please include the activities, statistics about incident or accident). |  | | | |
| Does your business provide any Offsite activities? (If yes, please include the activities are undertaken offsite). |  | | | |
|  |  | | | |
|  |  | | | |
| **ISO/IEC 27001:2022 Specific: Not Applicable** | | | | |
| List of employees + Contractor Staff |  | | | |
| List of users |  | | | |
| List of number of sites |  | | | |
| List of number of workstations +PC + laptops |  | | | |
| List of number of application development and maintenance staff |  | | | |
| List of network & encryption technology |  | | | |
| List of number of servers |  | | | |
|  |  | | | |
| **ISO/IEC 27001:2022 Specific:** Stage of the implementation of ISMS : yesno | | | | |
| Definition of Policy Statement |  | | | |
| Defined the scope of your ISMS |  | | | |
| Completed your Risk Assessment |  | | | |
| Identified the risks to be managed |  | | | |
| Selected control objectives and controls to be implemented |  | | | |
| Prepared a Statement of Applicability |  | | | |
|  |  | | | |
| **ISO/IEC 27001:2022 Specific:** please enclose the below mentioned documents along with a brochure of your company’s products/activities if available yes no: | | | | |
| Provide the list of office locations, cloud environments and data centers that store, process or transmit information covered under this certification |  | | | |
| Provide a list of applications that are involved in storing, processing or transmitting information covered under this certification |  | | | |
| Provide a high level network diagram for in-scope environment |  | | | |
| Provide a list of asset, databases, data storage locations etc |  | | | |
| Provide detailed network diagram(s) that cover the Scope |  | | | |
| Provide data flow diagram that explain storage, processing and transmission of converted information |  | | | |
| Provide a copy of SOA (Statement of Applicability) which shall include the applicable controls, justification and exclusion(If any |  | | | |
|  |  | | | |
| Do you want to suggest any timing of the audit which will best demonstrate the full scope of the organization? The consideration could include season, month, day/dates and shift as appropriate. If yes please mention | | | | |
| Ans: | | | | |
| Please report if any ISMS related information (such as ISMS records or information about design and effectiveness of controls) cannot be made available for review by the audit team because it contains confidential or sensitive information | | | | |
| Ans: | | | | |
|  | | | | |
| **ISO 55001:2014 Specific**:Not Applicable | | | | |
| List of employees | |  | | |
| List of Critical Assets | |  | | |
| List of the number of sites | |  | | |
| List of Stakeholder | |  | | |
| Provide a copy of SAMP | |  | | |
|  | |  | | |
| **Stage of the implementation of asset management objectives:** YES NO | | | | |
| Aligned with the organizational objectives; | |  | | |
| Asset management policy | |  | | |
| Updated using asset management decision-making criteria | |  | | |
| Established and updated as part of the SAMP | |  | | |
| Communicated to relevant stakeholders | |  | | |
|  | |  | | |

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| --- | --- |
| Date of Application |  |
| Name of authorised representative providing the above information |  |
| Please send the completed application to our Application Processing Centre:  Global Registrar of Systems t/a GRS Certification  Suite 34 Benson House, 2 Benson Street, Toowong, QLD 4066, Australia  Phone: 1300 007 477 I 0412248964  Email: certification@grscertification.com | |

Application terms and conditions:

* *Transfer Specific: Please provide* Organisation Chart (if any), Previous Certificates, Previous Audit Report and other useful information.
* *The information provided above is correct as per my best knowledge and the GRS’s offers will be based on the above information.*
* *During the assessments if any variation is found, GRS may revise its arrangements and offers.*
* *Application fee is non-refundable once paid.*
* *Any known difference in understanding between GRS and the Applicant Organisation is resolved*
* *Any other issue to declare (e.g. language, safety conditions, or threats to impartiality etc.):*
* *Any other issue to address before proceeding (e.g., any adverse reports, information, complaints recorded about the client regarding the effective implementation of management systems etc.):*