gapiii containment cERTIFICATION

auditor APPLICATION FORM

Application for Application Date:

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|  | **Lead auditor** |
|  | **Auditor** |

*A completed and signed scanned copy of this document should be returned to WHO:* [*containment@who.int*](mailto:containment@who.int) *with the required supporting documentation (it is recommended to send everything by e-mail and request a read-receipt).*

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s last name** |  | | | | | |
| **First name** |  | | | | | |
| **Middle name** |  | | | | | |
| **Other Name** |  | | | | | |
| **Nationality** |  | | | | | |
| **Gender** |  | **Male** | |  | **Female** | | |
| **Date of birth** |  | | | | | |
| **Telephone No.** | **Office** | |  | **Mobile** | |  |
| **Position at employing institution** |  | | | | | |
| **Employing institution** |  | | | | | |
| **Mailing address** |  | | | | | |
| **Email** |  | | | | | |

**Language skills**

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| **Language** | **Spoken** | | | **Read** | | | **Written** | | |
| **Level** | **Advanced** | **Intermediate** | **Basic** | **Advanced** | **Intermediate** | **Basic** | **Advanced** | **Intermediate** | **Basic** |
| **English** |  |  |  |  |  |  |  |  |  |
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**Professional education**

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| **Name of Institution** | **Period of study** | **LEVEL/DEGREE ATTAINED** |
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Formal qualifications

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| **Please summarize formal qualifications or specific training/competence (e.g. safety management systems auditing, risk assessment, etc) or other personal development activities which provide communication, technical and/or business acumen, as well as analytical skills necessary to conduct and/or manage GAPIII Containment Certification Scheme audits of poliovirus-essential facilities (PEFs):** |

**Employment history**

(please begin with the most recent job held)

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| **employer** | **Address** | **Employment date** | **position** |
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**Work experience**

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| **Please summarize working experience related to a microbiological laboratory (or equivalent environment), vaccine production facility, or related/similar environment relevant to poliovirus handling and containment.** |
| **Please summarize knowledge of industry regulations, standards, guidelines, industry practices and other norms as they apply to the areas to be assessed:** |
| **Please indicate auditing/oversight experience (ISO or other standards/practices): please describe type of audits performed (reference to the standard/practice), year, number and type of facilities audited:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Type of audit/oversight (please indicate ISO reference of other standard/practice)  (e.g., OHSAS 18001, GMP, GLP, ISO 9001, institutional practices etc) | Discipline or streams of audits/oversight [please indicate all relevant area(s) of audit&/oversight]  (e.g., Safety management systems, Biorisk management, Research, diagnostics, production environments, Engineering principles and concepts, Emergency preparedness, Security) | Year of audit | Number of audits | Task (main auditor, assistance, observer, etc) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

**Professional references**

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| --- | --- | --- | --- |
| **Name** | **Company** | **relationship** | **Contact information** |
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**Additional information**

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**Documents requested with the application form**

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| Please ensure the following documents are provided together with this application form:   1. Updated curriculum vitae. 2. Scanned copies of relevant qualifications, including training records 3. Completed Auditor Log (see the GAPIII Containment Certification [Auditor Log](http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/#ccsforms)) |

**Declaration**

I hereby declare on my honor that the disclosed information is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for termination at any time without previous notice. I hereby give WHO and other relevant authorities authorization to contact the institutions, previous employers, references and others, and release WHO and other relevant authoitiesr from any liability as a result of such contact.

Should there be any change to the above information, I will promptly notify WHO and complete a new application form that describes the changes. This includes any change that occurs before or during the work itself through the period up to the completion of the work concerned.

**Applicant’s signature (not electronic):**

**Date:**

**FOR OFFICIAL USE ONLY**

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| **Application processed by:** |  | **Processing date:** |  |
| **Information verified by:** |  | **Verification date:** |  |
| **Application approved by:** |  | **Approval date:** |  |