Note: This form is provided in MS Word .docx format for easier use. Space provided, if insufficient, may be expanded or additional sheets may be added, as needed. Please do not change or alter the questions or clarification requested.

audit TEAM Membership

APPLICATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Application for: | [ ]  Team Lead | [ ]  Lead Auditor  | [ ]  Auditor | [ ]  Technical Expert | [ ]  Observer |
| The completed auditor application form should be submitted to the national authority for containment (NAC) of the poliovirus-essential facility (PEF)-hosting country together with the necessary supporting documentation. |

Personal details

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Middle name |  |
| Other Name |  |
| Nationality |  |
| Gender  | [ ]  | Male | [ ]  | Female |
| Date of birth(DD.MM.YYYY |  |
| Telephone No. | Office |  | Mobile |  |

|  |  |
| --- | --- |
| Institutional position or designation\* |  |
| Institution\* |  |
| Mailing address |  |
| Email |  |
| \*if retired, please provide date of retirement, institutional position or designation, institution prior to retirement. |

Language skills

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Spoken | Read | Written |
| Level | Advanced | Inter-mediate | Basic | Advanced | Inter-mediate | Basic | Advanced | Inter-mediate | Basic |
| English |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Please add additional rows as needed |

Professional education

|  |  |  |
| --- | --- | --- |
| Period of study | Name of institution | Level/degree attained and area of study |
|  |  |  |
|  |  |  |
|  |  | (Add additional rows as needed) |

Formal qualifications

|  |
| --- |
| 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 business acumen, as well as analytical skills necessary to conduct and manage Containment Certification Scheme audits of poliovirus-essential facilities (PEFs): |

Employment history (please begin with the most recent job held and highlight any experience as an employed auditor)

|  |  |  |
| --- | --- | --- |
| Employment date | Position/Designation  | Employer and Address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Please add additional rows as needed |

Work experience

|  |
| --- |
| 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 the type of audits performed (reference to the standard/practice), year, number, and type of facilities audited:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of audit/oversight (please indicate ISO reference or any other standard/practice)1 | Discipline or stream of audits, inspections or oversight [please indicate all relevant areas of audits, inspections or oversight]2 | Year of audit | Number of audits | Role and Function3 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| (Add additional rows as needed) |  |  |  |  |
| 1 e.g., OHSAS 18001, GMP, GLP, ISO 9001, institutional practices, etc.2 e.g., safety management systems, biorisk management, research, diagnostics, production environments, engineering principles and concepts, emergency preparedness, security3 Team leader, lead auditor, auditor, expert, observer, etc.  |

Professional references

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Institution designation and institution  | Contact information | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Declaration of potential conflicts of interest

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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. Scanned copies of relevant qualifications, including training records and other associated supporting documents, as appropriate.
2. Completed Auditor Log (please see Auditor Log template provided at: <https://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-certification-scheme-forms-and-templates/>)
 |

Declaration

I hereby declare 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 NACs, WHO and other relevant authorities authorization to contact the institutions, previous employers, references and others, and release NACs, WHO and other relevant authorities from any liability as a result of such contact. Should there be any change to the above information, I will promptly notify the NAC 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.

|  |
| --- |
| Signature of Applicant: |
|  |
| Date (DD.MM.YYYY): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

FOR OFFICIAL NAC USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Application received by: |       | Application received date (DD.MM.YYYY): |  |
| Application processing/review by: |       | Application processing/review date (DD.MM.YYYY): |       |
| Application review outcome: |
| [ ]  | Approved | Role in the audit team:  | [ ]  | Team Lead | [ ]  | Lead Auditor  | [ ]  | Auditor |
|  | [ ]  | Technical Expert | [ ]  | Observer | [ ]  | Translator |
| [ ]  | Auditor-in-Training | [ ]  | Others: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | Not approved |
| Application review outcome date: (DD.MM.YYYY): |  |
| Submission to GCC- CWG for endorsement (please submit completed via e-mail: containment@who.int)  |
| [ ]  | Yes | Date of submission to GCC – CWG (DD.MM.YYYY): |  |
| [ ]  | No |  |  |
| Signature of NAC representative: |
|  |
| Name and Designation in NAC:  |  |
| Date (DD.MM.YYYY):  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

FOR OFFICIAL GCC – CWG USE ONLY

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| --- | --- | --- | --- |
| Application received by: |       | Application received date (DD.MM.YYYY): |  |
| Application processing/review by: |       | Application processing/review date (DD.MM.YYYY): |       |
| Application review outcome by GCC - CWG: |
| [ ]  | Endorsed | Role in the audit team:  | [ ]  | Team Lead | [ ]  | Lead Auditor  | [ ]  | Auditor |
|  | [ ]  | Technical Expert | [ ]  | Observer | [ ]  | Translator |
| [ ]  | Auditor-in-Training | [ ]  | Others: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | Not endorsed |
| Application review outcome date: (DD.MM.YYYY): |  |
| Signature of GCC – CWG:  |
|  |
| Name and Designationin GCC - CWG  |  |
| Date (DD.MM.YYYY):  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |