

APPLICATION FORM FOR ASSESSOR TRAINING

1. Name:	
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2. Date of Birth:	Date			Month			Year			
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3. Present Employment

Institute /Organization			
Designation			
Address			
E- Mail			
Telephone		Fax	

4. Residence

Address			
Telephone		Fax	

5. Qualification

Academic	
Professional	
Specialized Training	

6. Work Experience

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7. Details of your involvement in the work area you expect to conduct conformity assessments

8. Details of Previous Conformity assessments you have done

9. Time you could allocate per month for SLAB Assessments (Average)

1 Day 2 Days 3 Days 4 Days

I certify that the above information is current and true to the best of my knowledge and belief. I agree to inform immediately the SLAB of any change in the above status within one month of such change taking place.

.....
(Date)

.....
(Signature of Applicant)

10. Approval of the Head of the Institution

I do agree to release the above applicant without affecting the normal activities of the Institution.

.....
(Date)

.....
(Signature of the Head of Institution)