

# APPLICATION FORM FOR CERTIFICATION AS A SUSTAINABILITY ASSURANCE PRACTITIONER



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For office use only (confidential when completed):

Received  
 Application fee  
Certification no:

## Part 1 PERSONAL DETAILS

1

TITLE (Mr, Mrs, Ms, Dr etc)

Male  Female

Surname or family name

First or given names

Nationality

Date of Birth

Home or correspondence address

Postcode

Telephone no  
Fax no

Mobile  
Email

## BUSINESS DETAILS

Name of organization

Address

Postcode

Telephone no  
Fax no

Mobile  
Email

## TYPES OF CERTIFICATION FOR WHICH YOU ARE APPLYING

2

Associate Sustainability Assurance Practitioner

Sustainability Assurance Practitioner

Lead Sustainability Assurance Practitioner

## MEMBERSHIP OF PROFESSIONAL BODIES

3

Professional Body	Date elected	Grade/ Role
Professional Body	Date elected	Grade/ Role
Professional Body	Date elected	Grade/ Role
Professional Body	Date elected	Grade/ Role
AccountAbility Full Membership	Date joined	

## REGISTER INFORMATION

4

Please tick up to 4 of the 39 scopes (amalgamated from the NACE codes by European co-operation for Accreditation) which can be supported by your experience:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1 Agriculture and fishing                             | <input type="checkbox"/> 17 Basic metals and fabricated metal products  | <input type="checkbox"/> 32 Financial intermediation; real estate and renting         |
| <input type="checkbox"/> 2 Mining and quarrying                                | <input type="checkbox"/> 18 Machinery and equipment   | <input type="checkbox"/> 33 Information technology                                    |
| <input type="checkbox"/> 3 Food products, beverages and tobacco                | <input type="checkbox"/> 19 Electrical and optical equipment  | <input type="checkbox"/> 34 Engineering services                                      |
| <input type="checkbox"/> 4 Textiles and textile products                       | <input type="checkbox"/> 20 Shipbuilding  | <input type="checkbox"/> 35 Other services  |
| <input type="checkbox"/> 5 Leather and leather products                        | <input type="checkbox"/> 21 Aerospace   | <input type="checkbox"/> 36 Public administration                                     |
| <input type="checkbox"/> 6 Wood and wood products                              | <input type="checkbox"/> 22 Other transport equipment   | <input type="checkbox"/> 37 Education   |
| <input type="checkbox"/> 7 Pulp, paper and paper products                      | <input type="checkbox"/> 23 Manufacturing not elsewhere classified  | <input type="checkbox"/> 38 Health and social work                                    |
| <input type="checkbox"/> 8 Publishing companies                                | <input type="checkbox"/> 24 Recycling   | <input type="checkbox"/> 39 Other social services                                     |
| <input type="checkbox"/> 9 Printing companies                                  | <input type="checkbox"/> 25 Electricity supply  | <input type="checkbox"/> 98 Other   |
| <input type="checkbox"/> 10 Manufacture of coke and refined petroleum products | <input type="checkbox"/> 26 Gas supply  |   |
| <input type="checkbox"/> 11 Nuclear fuel                                       | <input type="checkbox"/> 27 Water supply  |   |
| <input type="checkbox"/> 12 Chemicals, chemical products and fibres            | <input type="checkbox"/> 28 Construction  |   |
| <input type="checkbox"/> 13 Pharmaceuticals                                    | <input type="checkbox"/> 29 Wholesale and retail trade; repair of motor vehicles, motorcycles, personal and household goods |   |
| <input type="checkbox"/> 14 Rubber and plastic products                        | <input type="checkbox"/> 30 Hotels and restaurants  | <input type="checkbox"/> 99 Please tick the box if you are available for Private work |
| <input type="checkbox"/> 15 Non-metallic mineral products                      | <input type="checkbox"/> 31 Transport, storage and communication  |   |
| <input type="checkbox"/> 16 Concrete, cement, lime, plaster etc.               |   |   |

**DEMONSTRATING YOUR COMPETENCE**

**5**

Please refer to IRCA/702, Appendix III to ensure that you provide adequate evidence of competence to each of the competency requirements for the grade that you wish to apply for. Please add more rows or attach a separate sheet if you require more space. **Competence Key:**

Sustainability Assurance ..... **SA**  
 Audit procedures & techniques ..... **AP**  
 Stakeholder engagement .... **SE**

Sustainable development expertise areas:  
 Social & Ethical Issues ..... **S**  
 Environmental Issues .... **E**  
 Economic and Financial Issues ..... **F**

A.1 Training Undertaken (including conferences, on-the-job training etc.)									
1.	Date:		Duration (hours):		Course title:		Certificate enclosed? <sup>1</sup>		
Summary of learning objectives and subjects covered:						Name of training organization:			
						Competence area(s) <sup>2</sup> :			
2.	Date:		Duration (hours):		Course title:		Certificate enclosed? <sup>1</sup>		
Summary of learning objectives and subjects covered:						Name of training organization:			
						Competence area(s) <sup>2</sup> :			
3.	Date:		Duration (hours):		Course title:		Certificate enclosed? <sup>1</sup>		
Summary of learning objectives and subjects covered:						Name of training organization:			
						Competence area(s) <sup>2</sup> :			
4.	Date:		Duration (hours):		Course Title:		Certificate enclosed? <sup>1</sup>		
Summary of learning objectives and subjects covered:						Name of training organization:			
						Competence area(s) <sup>2</sup> :			
5.	Date:		Duration (hours):		Course title:		Certificate enclosed? <sup>1</sup>		
Summary of learning objectives and subjects covered:						Name of training organization:			
						Competence area(s) <sup>2</sup> :			
6.	Date:		Duration (hours):		Course title:		Certificate enclosed? <sup>1</sup>		
Summary of learning objectives and subjects covered:						Name of training organization:			
						Competence area(s) <sup>2</sup> :			
7.	Date:		Duration (hours):		Course Title:		Certificate enclosed? <sup>1</sup>		
Summary of learning objectives and subjects covered:						Name of training organization:			
						Competence area(s) <sup>2</sup> :			
8.	Date:		Duration (hours):		Course Title:		Certificate enclosed? <sup>1</sup>		
Summary of learning objectives and subjects covered:						Name of training organization:			
						Competence area(s) <sup>2</sup> :			

Add more rows if necessary or continue on a separate sheet.

1 Please ensure you include evidence of training (e.g. a certificate) with your application  
 2 Please indicate which competence area(s) your training supports using the competence key above

## A.2 Presentations & Publications Given (including conference speaking, tutoring on courses, etc.)

1.	Date:		Duration (hours):		Event/Publication:		Evidence enclosed? <sup>3</sup>	
Summary of subjects covered:						Name of organizing body/publisher:		
						Competence area(s) <sup>4</sup> :		
2.	Date:		Duration (hours):		Event/Publication:		Evidence enclosed? <sup>3</sup>	
Summary of subjects covered:						Name of organizing body/publisher:		
						Competence area(s) <sup>4</sup> :		
3.	Date:		Duration (hours):		Event/Publication:		Evidence enclosed? <sup>3</sup>	
Summary of subjects covered:						Name of organizing body/publisher:		
						Competence area(s) <sup>4</sup> :		
4.	Date:		Duration (hours):		Event/Publication:		Evidence enclosed? <sup>3</sup>	
Summary of subjects covered:						Name of organizing body/publisher:		
						Competence area(s) <sup>4</sup> :		
5.	Date:		Duration (hours):		Event/Publication:		Evidence enclosed? <sup>3</sup>	
Summary of subjects covered:						Name of organizing body/publisher:		
						Competence area(s) <sup>4</sup> :		
6.	Date:		Duration (hours):		Event/Publication:		Evidence enclosed? <sup>3</sup>	
Summary of subjects covered:						Name of organizing body/publisher:		
						Competence area(s) <sup>4</sup> :		
7.	Date:		Duration (hours):		Event/Publication:		Evidence enclosed? <sup>3</sup>	
Summary of subjects covered:						Name of organizing body/publisher:		
						Competence area(s) <sup>4</sup> :		
8.	Date:		Duration (hours):		Event/Publication:		Evidence enclosed? <sup>3</sup>	
Summary of subjects covered:						Name of organizing body/publisher:		
						Competence area(s) <sup>4</sup> :		

Add more rows if necessary or continue on a separate sheet.

<sup>3</sup> Please ensure you include evidence of your contribution (e.g. a conference program, or copy of an article) with your application

<sup>4</sup> Please indicate which competence area(s) your contribution supports using the competence key above

<b>B. Qualifications achieved</b>						
1.	Year:		Qualification awarded:		Certificate enclosed? <sup>5</sup> :	
Summary of course / subjects covered:				Qualifying authority:		
				Competence area(s) <sup>6</sup> :		
2.	Year:		Qualification awarded:		Certificate enclosed?	
Summary of course / subjects covered:				Qualifying authority:		
				Competence area(s) <sup>2</sup> :		
3.	Year:		Qualification awarded:		Certificate enclosed?	
Summary of course / subjects covered:				Qualifying authority:		
				Competence area(s) <sup>2</sup> :		
4.	Year:		Qualification awarded:		Certificate enclosed?	
Summary of course / subjects covered:				Qualifying authority:		
				Competence area(s) <sup>2</sup> :		
5.	Year:		Qualification awarded:		Certificate enclosed?	
Summary of course / subjects covered:				Qualifying authority:		
				Competence area(s) <sup>2</sup> :		
6.	Year:		Qualification awarded:		Certificate enclosed?	
Summary of course / subjects covered:				Qualifying authority:		
				Competence area(s) <sup>2</sup> :		
7.	Year:		Qualification awarded:		Certificate enclosed?	
Summary of course / subjects covered:				Qualifying authority:		
				Competence area(s) <sup>2</sup> :		
8.	Year:		Qualification awarded:		Certificate enclosed?	
Summary of course / subjects covered:				Qualifying authority:		
				Competence area(s) <sup>2</sup> :		

Add more rows if necessary or continue on a separate sheet.

<sup>5</sup> Please ensure you include evidence of qualification (e.g. a certificate) with your application

<sup>6</sup> Please indicate which competence area(s) your qualification supports using the competence key above. One qualification may cover more than one competency area.

### C. Practitioner Experience (optional for the Associate Practitioner grade)

1.

**Client<sup>7</sup>**      Company name:      Contact name:      Contact job title:      Contact details (phone and email):

**Employer<sup>8</sup>**      Company name:      Contact name:      Contact job title:      Contact details (phone and email):

Summary of sustainability assurance work undertaken and the role(s) you performed:

Your job title:  
 Team member or leader:  
 Internal or external role<sup>9</sup>:  
 Assurance statement enclosed?<sup>10</sup>  
 Duration:  
 Date:  
 Competence area(s)<sup>11</sup>:

2.

**Client<sup>6</sup>**      Company name:      Contact name:      Contact job title:      Contact details (phone and email):

**Employer<sup>7</sup>**      Company name:      Contact name:      Contact job title:      Contact details (phone and email):

Summary of sustainability assurance work undertaken and the role(s) you performed:

Your job title:  
 Team member or leader:  
 Internal or external role<sup>8</sup>:  
 Assurance statement enclosed?<sup>9</sup>  
 Duration:  
 Date:  
 Competence area(s)<sup>10</sup>:

3.

**Client<sup>6</sup>**      Company name:      Contact name:      Contact job title:      Contact details (phone and email):

**Employer<sup>7</sup>**      Company name:      Contact name:      Contact job title:      Contact details (phone and email):

Summary of sustainability assurance work undertaken and the role(s) you performed:

Your job title:  
 Team member or leader:  
 Internal or external role<sup>8</sup>:  
 Assurance statement enclosed?<sup>9</sup>  
 Duration:  
 Date:  
 Competence area(s)<sup>10</sup>:

<sup>7</sup> We may contact your client contact to verify the work performed (where the 'client' is the company that is reporting)

<sup>8</sup> We may contact your employer to verify the work performed (where the 'employer' is the company that deploys you to perform the assurance activity)

<sup>9</sup> Please indicate if the assignment was internal (first party) or external (third party)

<sup>10</sup> Please enclose and reference a copy of the assurance statement associated with the work, if relevant

<sup>11</sup> Please indicate which competence area(s) your experience supports using the competence key above. Practitioner experience may cover more than one competency area

<b>4.</b>				
<b>Client<sup>6</sup></b>	Company name:	Contact name:	Contact job title:	Contact details (phone and email):
<b>Employer<sup>7</sup></b>	Company name:	Contact name:	Contact job title:	Contact details (phone and email):
Summary of sustainability assurance work undertaken and the role(s) you performed:				
Your job title: Team member or leader: Internal or external role <sup>8</sup> : Assurance statement enclosed? <sup>9</sup> Duration: Date: Competence area(s) <sup>10</sup> :				

<b>5.</b>				
<b>Client<sup>6</sup></b>	Company name:	Contact name:	Contact job title:	Contact details (phone and email):
<b>Employer<sup>7</sup></b>	Company name:	Contact name:	Contact job title:	Contact details (phone and email):
Summary of sustainability assurance work undertaken and the role(s) you performed:				
Your job title: Team member or leader: Internal or external role <sup>8</sup> : Assurance statement enclosed? <sup>9</sup> Duration: Date: Competence area(s) <sup>10</sup> :				

<b>6.</b>				
<b>Client<sup>6</sup></b>	Company name:	Contact name:	Contact job title:	Contact details (phone and email):
<b>Employer<sup>7</sup></b>	Company name:	Contact name:	Contact job title:	Contact details (phone and email):
Summary of sustainability assurance work undertaken and the role(s) you performed:				
Your job title: Team member or leader: Internal or external role <sup>8</sup> : Assurance statement enclosed? <sup>9</sup> Duration: Date: Competence area(s) <sup>10</sup> :				

Please add more rows as necessary or continue on a separate sheet





## DECLARATION OF COMPLAINTS (in the last 3 years)

- 7 Please note details of any complaints made against you in your role as a sustainability assurance practitioner in the last three years. You may attach any supplementary evidence separately (please reference this clearly).

Date of complaint	Details of complainant	Summary of complaint	Date resolved
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## DECLARATIONS

- 8 I apply for certification and confirm that I understand and agree to the following conditions:
1. I shall observe and abide by the IRCA code of conduct.
  2. The details which I have given on the application form (except personal details where indicated) will be published in the IRCA register.
  3. I shall declare any information that may reasonably be considered to affect adversely my ability to perform effectively my audit obligations.

I confirm that the information contained in this application is correct to the best of my knowledge and belief. I understand and accept that, if I provide incorrect information or withhold relevant, requested information, I am likely to be excluded or removed from the IRCA register. I also understand that, once certified, I am obliged to notify the IRCA without delay of any changes to my circumstances which, if declared when I made my first application, might have caused the IRCA to exclude me from the register, including notification of all complaints against my conduct as a practitioner.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Part 2 References

- 9 **Declaration by reference I:** I recommend the candidate as a person in every respect worthy of consideration for certification. I have read this application form in full and confirm the statements made to be true to the best of my knowledge.

Referee's name (block letters)

Professional qualifications/relationship to applicant

Business name and address

Telephone no. \_\_\_\_\_ Fax no. \_\_\_\_\_ Postcode \_\_\_\_\_  
Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Declaration by reference II:** I concur in recommending the candidate as a person in every respect worthy of consideration for certification. I have read this application form in full and confirm the statements made to be true to the best of my knowledge.

Referee's name (block letters)

Professional qualifications/relationship to applicant

Business name and address

Telephone no. \_\_\_\_\_ Fax no. \_\_\_\_\_ Postcode \_\_\_\_\_  
Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**PART 3 ORGANIZATIONS EMPLOYING AUDITORS (OEA)**

We, as an OEA recognized by IRCA, support the applicant for certification and confirm that we have satisfactorily verified the applicant's compliance with the work and audit experience requirements of the applicable IRCA certification criteria.

Name of organization employing auditors.

Address

Postcode

Telephone no.

Fax no.

Signed on behalf of the organization employing auditors

Date

Name (block letters)

Position in  
organization

### General Information

The following information is important. Please read it carefully before you complete your application form. Should you need help in completing it, IRCA certification officers are always available to advise you.

- Please write clearly. If we are unable to read any section of this form, we will have to return it to you and ask you to complete a new form. This means that we will take longer to deal with your application.
- All your correspondence and other documentation that you submit in support of this application must be in the English language or be accompanied by a certified translation of the original.
- Please make sure that you complete all the appropriate sections of this form. If a section is not applicable to you, write 'N/A'. Complete Part 1 (1-8) and Part 2 (9) if you are applying on your own behalf. Complete Part 1 (1-8) and Part 3 (10) if you are applying through an organization employing auditors (OEA). Do not just write 'see attached', because we will not be able to consider forms marked in this way (except referenced certificates and attached experience logs). If there is not enough room in any section to write all that you need to include there, please enter a brief summary and enclose the full details on additional sheets (which will need to be verified by your sponsors). **You should only sign the form when you have checked that all relevant sections have been completed correctly.**
- Please note that all details submitted in support of applications from all certified auditors will be subject to periodic verification and are treated confidentially.
- Please do not forget to enclose the current application fee (this fee is not returnable). Cheques, money orders etc. should be made payable to 'IRCA'. An invoice will be supplied on request. Do not send cash. If you are making an application you may pay by Visa, Amex or Mastercard, and the appropriate form will have been included in your application pack.
- When we receive your completed application, we will send you an acknowledgement. We will inform you whether your application has been successful as soon as the decision is made.
- This program is governed in accordance with English law and is subject to the exclusive jurisdiction of the English courts.

### Part I INFORMATION ABOUT YOU

#### 1 Personal details

It is a condition of certification that details of your name and business be published in the register(s) and included in the IRCA database. Therefore, under 'Surname or family name', you must make sure that you enter your surname or family name, i.e. your main name that legally identifies you on your passport and will enable us to access the information about you in the IRCA database. If you also wish your home address to be entered in the register(s), please tick the box provided.

Registers of practitioners are available upon request.

#### 2 Grade of certification for which you are applying

Please tick the box appropriate to the grade of certification for which you are applying.

#### 3 Membership of professional bodies

Enter details of the professional bodies of which you are a member, quoting your membership number in each case. Note that you must be a current full member of AccountAbility in order to achieve certification. You can find out how to become a member at [www.accountability.org.uk](http://www.accountability.org.uk).

**4 Register information**

Please indicate the fields of experience that you wish marked against your entry in the register by ticking the boxes of a maximum of four sectors in which you can claim experience. If there are other sectors not listed here in which you can claim experience, please tick box 98 and describe them in the space provided after 'Other'. Please also indicate if you are available for private work by ticking box 99.

**5 Demonstrating your competence**

You should read IRCA/702 Appendix III and note the relevant training, qualifications and experience required for the grade you are applying for in the application form. You must cross-reference on the form all documentary evidence (including certificates and copies of Assurance Statements, both internal and external if applicable etc.) that you enclose with your application. Photocopies are usually sufficient and must be accompanied by a translation into English, where required.

We may contact your referees provided within this section of the application form to verify the contents of this form as part of the certification process. This is usually done by telephone or email and we appreciate your assistance in any verification activities. Please sign a hard copy of the form in ink: unfortunately we do not accept electronic signatures or facsimile copies.

We may also contact your employer(s) and client(s) noted in the application form to verify the contents of this form as part of the certification process. This is usually done by telephone or email and we appreciate your assistance in any verification activities.

**6 Personal statement**

The purpose of your personal statement is to demonstrate to IRCA how your expertise and experience outlined in section 5 of the application form meet the competency criteria described in the Competency Framework (IRCA/702, Appendix III). If you are unable to show how the evidence in section 5 meets all the numbered certification criteria for the grade you are applying for, this indicates either that this grade is not suitable for you or that you have not included evidence to demonstrate that you have all the required competences and you should include further supporting evidence.

**7 Declaration of complaints**

You, as the applicant, must declare any complaints that have been made against you in your capacity as a sustainability assurance practitioner. We may investigate any complaints. Please note that your application for practitioner certification may be rejected, and your certification may be withdrawn if you do not declare any complaints made against you.

**8 Declarations**

You, as the applicant, must sign and date this section before passing the form to your referees.

**9 EITHER Part 2 References**

The 2 referees sponsoring you must then complete part 2.

A sponsor should ideally be a corporate member of a relevant professional institute or, failing this, someone who has detailed knowledge of your work experience (e.g. your line manager). Both references must have known you personally and your work for not less than two years.

They should check that all statements in your application form are complete and accurate before they sign the declaration.

**OR**

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**Part 3 ORGANIZATIONS EMPLOYING AUDITORS (OEA)**

The relevant OEA's authorised signatory must then complete part 3. This section should only be completed if an applicant is applying through an IRCA approved OEA.

IRCA is an operationally independent division of The Institute of Quality Assurance.  
A limited company registered in England as no.185645. Charity registration no. 259678.  
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