

**Peer Evaluator Nomination Form**

# *(Please complete this form electronically in MS Word and forward it to the APAC Secretariat (*[*secretariat@apac-accreditation.org*](mailto:secretariat@apac-accreditation.org)*) with all necessary supporting documentation)*

|  |
| --- |
| **Nominee details** |
| Prefix (e.g. Mr./Mrs./Ms./Dr.) |
| Gender: |
| Family Name: |
| Given Name: |
| Organization: |
| Position within Organization: |
| Economy: |
| Email Address: |
| Post-Secondary Educational Qualifications; *including technical areas of qualification*: |
| Accreditation Body and Assessment Experience; *including:*   1. *positions, their dates/time periods and descriptions; and* 2. *a record of assessment experience (including a list of assessments, types of conformity assessment bodies, the scope of the assessment and the role undertaken in the assessment) to support the scope(s) or sub-scope(s) that are included in this nomination – please provide as an attached list of assessments undertaken.*   ***In accordance with*** [***APAC MRA-004***](https://www.apac-accreditation.org/publications/mra-series/)***, for established APAC MRA scopes and sub-scopes the nominee should be a ‘’Lead Assessor’’ and have a minimum of 3 years’ assessment experience. This expectation may be set aside by the APAC MRAMC when the scope or sub-scope is new to the APAC MRA.*** |
| Evidence of ISO/IEC 17011:2017 and Lead Assessor and/or Evaluator Training Courses, including dates, length of course, course provider: |
| Please indicate (☒) which scope(s) and sub-scope(s) that this nominee has competence in. This needs to be supported by the submission of evidence of their actual accreditation and assessment experience. |

|  |  |
| --- | --- |
| **Biobanking - ISO 20387** |  |
| **Calibration - ISO/IEC 17025**  Please specify areas: |  |
| **Certification - Management systems – ISO/IEC 17021-1** |  |
| Business continuity management systems (ISO 22301) |  |
| Energy management systems (ISO 50001) |  |
| Environmental management systems (ISO 14001) |  |
| Food safety management systems (ISO 22000) |  |
| Information security management systems (ISO 27001) |  |
| Medical device quality management systems (ISO 13483) |  |
| Occupational health and safety management systems (ISO 45001) |  |
| Quality management systems (ISO 9001) |  |
| Quality and Safety System for Specialty Feed Ingredients (FAMI-QS) |  |
| **Certification - Product, process and services - ISO/IEC 17065** |  |
| Global G.A.P IFA CPCCs |  |
| **Certification - Persons – ISO/IEC 17024** |  |
| IPC |  |
| **GHG Validation/Verification - ISO 14065** |  |
| ICAO-CORSIA |  |
| **Inspection - ISO/IEC 17020** |  |
| **Medical testing - ISO 15189** |  |
| **Proficiency Testing Providers - ISO/IEC 17043** |  |
| **Reference Material Producers - ISO 17034** |  |
| **Testing - ISO/IEC 17025**  Please specify areas: |  |
|  |  |

|  |
| --- |
| Other Relevant Professional Experience (prior to joining accreditation body): |
| Other Relevant Experience (e.g. standards body and committee membership; experience as a trainer in the area of accreditation): |

***Also attach a*** [***APAC FGOV-007***](https://www.apac-accreditation.org/publications/gov-series/) ***Confidentiality Declaration signed by the person being nominated.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMINATING ORGANIZATION DECLARATION**   |  |  | | --- | --- | | **Nominating Organization:** |  | | The Nominating Organization hereby declares that:   1. the applicant possesses the attributes required of an APAC Evaluator or Technical Expert as specified in [APAC MRA-004](https://www.apac-accreditation.org/publications/mra-series/) *Selection, Qualification and Monitoring of APAC Peer Evaluators*; 2. the applicant will have the Nominating Organization’s support to in order to effectively participate in APAC evaluations and complete their assigned tasks in a timely manner; and 3. the Nominating Organization will be responsible for the applicant’s ongoing training and maintenance of their evaluator competency in relevant scopes of accreditation, and for all liability and insurance matters (such as travel, health, public and professional liability insurance) when the applicant is involved in APAC evaluation activities. | | | Name of authorised person:  (normally the APAC MRA Council Delegate or Alternate) |  | | Position: |  | | Signature: |  | | Date: |  | |