



African Organisation For Standardisation
Organisation Africaine De Normalisation

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ARCA

**AFRICAN REGISTER
OF
CERTIFIED AUDITORS**

APPLICATION FORM FOR CERTIFICATION AND REGISTRATION

1. PERSONAL DETAILS

TITLE (Mr, Mrs., Ms, Dr. Prof. Eng.) _____

Gender: Male _____ Female _____

Surname or family name: _____

First name: _____

Second name: _____

Date of Birth: _____

Nationality _____

Contacts

Organization: _____

Country _____

Postal Address _____

City: _____ **Zip code** _____

Telephone no. _____

Fax no. _____

Email: _____

Cell phone: _____

Home Address: _____

2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

(a) Institution and Year: _____

Certificate Awarded: _____

Course/subjects: _____

Qualifying authority _____

(b). Institution and Year: _____

Certificate Awarded: _____

Course/subjects: _____

Qualifying authority _____

(c) Institution and Year: _____

Certificate Awarded: _____

Course/subjects: _____

Qualifying authority _____

3. AUDIT/INSPECTION TRAINING

(a) Date: _____ Institution _____

Course Title or Training Programme _____

Results _____

Course certified by _____

(b) Date: _____ Institution _____

Course Title or Training Programme _____

Results_____

Course certified by_____

4. MEMBERSHIP OF PROFESSIONAL BODIES

Name of the Body:_____ Joining Date_____ Level_____

Name of the Body:_____ Joining Date_____ Level_____

Name of the Body:_____ Joining Date_____ Level_____

Name of the Body:_____ Joining Date_____ Level_____

5. EXPERTISE/REGISTER INFORMATION

Select the appropriate scope from the following which can be supported by your experience:

- 1 Agriculture and fishing
2. Mining and quarrying
3. Food products, beverages and tobacco
- 4 Textiles and textile products
5. Leather and leather products
- 6 Wood and wood products
7. Basic metals and fabricated metal products; real estate and renting
8. Machinery and equipment technology
9. Electrical and optical equipment
10. Financial intermediation
11. Information
12. Engineering services
13. Shipbuilding
- 14 Other services
- 15 Aerospace
16. Public administration
17. Other transport equipment
- 18 Education
19. Pulp, paper and paper products
- 20 Manufacturing not elsewhere classified

- 21 Health and social work
- 22. Publishing companies
- 23. Recycling
- 24 Manufacture of coke and refined petroleum Products
- 25 Gas supply
- 26 Nuclear fuel
- 27 Water supply
- 28 Chemicals, chemical products and fibbers
- 28 Construction
- 29. Pharmaceuticals
- 30. Wholesale and retail trade; repair of motor vehicles, motorcycles, personal and household goods
- 31 Rubber and plastic products
- 32 Non-metallic mineral products
- 33 Hotels and restaurants
- 34 Concrete, cement, lime, plaster etc.
- 35 Transport, storage and communication for Private work
- 36 Printing companies
- 37 Electricity supply
- 38 Other social services

6. WORK EXPERIENCE

(a) Date: _____ Institution _____

Designation & Sector/Programme: _____

Duties: _____

(b) Date: _____ Institution _____

Designation & Sector/Programme: _____

Duties: _____

(c) Date: _____ Institution _____

Designation & Sector/Programme: _____

Duties: _____

Audit Experience: _____ Years

Confirmation by Personnel Registration Body¹ in your country:

Name of Authorizing Person: _____

Position: _____

Date: _____ Stamp:

Signature: _____

¹ National Standards Body/Certification Body /Accreditation Body, whichever applies in your country.

7. CONSULTANCY SERVICES

Please give Detailed Information on any Consultancy work you have successfully engaged yourself in:

Are you available for Private Work: Yes_____ No_____

8. TYPES OF CERTIFICATION FOR WHICH YOU ARE APPLYING

Please tick to identify the programme (s) you are applying for:

SL	AREA	SHORT CODE	TICK
1	Business Continuity Management Systems	BCMS	
2	Environmental Management Systems	EMS	
3	Food Safety Management Systems	FSMS	
4	Information Security Management Systems	ISMS	
5	Information Technology Services Management Programme	ITSMS	
6	Medical Devices Quality Management Systems	MDQMS	
7	Occupational Health & Safety Management Programme	OH&S	
8	Quality Management Systems	QMS	
9	Regulatory Audits and Inspection Systems - Includes SPS Post BTSF	RAIS	
10	Social Management Systems	SMS	
11	TickIT	TICKIT	
12	Energy Management Audits	EMA	
13	Others (Attach details and relevant documentation)		

9. DECLARATIONS

I apply for certification and confirm that I understand and agree to the following conditions:

1. I shall observe and abide by the ARCA established code of conduct/Ethics.
2. The details which I have given on the application form will be published in the ARCA register unless I advise otherwise.
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 ARCA register. I also understand that, once certified, I am obliged to notify ARCA without delay of any changes to my circumstances which, if declared when I made my first application, might have caused ARCA to exclude me from the register.

Signed..... Date.....

Note: Sign this form when you have ensured that all the sections are duly filled.

10. REFEREES

Declaration by First and Second Referee:

I recommend the candidate as a person in every respect worthy of consideration for ARCA registration. I confirm that I have satisfactorily verified the applicant's compliance with the education, training and work experience requirements of the applicable ARCA Registration criteria and Code of Ethics.

1st Referee's name (block letters) _____

Professional qualifications _____

Relationship to applicant _____

Name: _____

Contact address: _____ Postcode/Zip code: _____

Telephone no: _____ Fax no: _____

Email: _____

Signed..... Date.....

2nd Referee's name (block letters) _____

Professional qualifications _____

Relationship to applicant _____

Name: _____

Contact address: _____: Postcode/Zip code: _____

Telephone no: _____ Fax no: _____

Email: _____

Signed..... Date.....

GUIDANCE NOTE FOR APPLICANTS

Please read it carefully before you complete your application form

Personal details

Details of your name and business will be published in the register and included in the ARCA 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 ARCA database.

Education

Enter details of you education (school, college, university etc) and attach documentary evidence.

Auditor training

You must have successfully completed: **either** an IRCA-certified auditor-training course presented by an IRCA-approved training organization **or** an ARCA auditor-training course certified by another training-approval body recognised and accepted by ARCA as being of an equivalent standard. The results you achieved must be supported by documentary evidence (a certificate stating successful completion).

Membership of professional bodies

Enter details of the professional bodies of which you are a member, quoting your membership number in each case.

Expertise/Register information

Under this section indicate the fields of experience that you wish marked against your entry in the register by ticking the boxes of the sectors in which you can claim experience.

Work experience

Enter your career details here, providing under 'Designation or Job title' or a brief description of your general work experience duties and responsibilities. Additionally, we need you to provide a detailed description emphasizing experience relevant to the sector or programme (QMS, EMS, OH&S, FSMS, ISMS, TickIT, Social Systems, Aerospace, Maritime, BCMS) for which you are applying. List this information in chronological order, beginning with your current or most recent experience.

You may submit further information on an additional sheet or enclose a copy of your CV/Resume. Indicate also if you are available for Private Work.

Consultancy Services

Enter here detailed Information on any Consultancy work carried out in your area of expertise indicating the level of success:

Type of certification for which you are applying

Please tick the appropriate box to indicate the type of certification for which you are applying for. Please also ensure that you have read the relevant criteria document prior to applying to see if you meet our requirements for certification.

Declarations

You, as the applicant, must sign and date this section before passing the form to the 1st Referee and 2nd Referee.

REFEREES

The 1st Referee and the 2nd Referee sponsoring you must then complete part 2.

A sponsor should ideally be a corporate member of a relevant professional institute and be someone who has detailed knowledge of your work experience (e.g. your line manager). Both 1st Referee and 2nd Referee must have known you personally and your work for not less than two years.

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