

APPLICATION /REQUEST FORM FOR TRAINING

Part 1 – PERSONAL DETAILS (Note: Please complete entire form in black ink . Other colours will be rejected).			
TITLE (Mr, Mrs, Ms, Dr etc)	Male	Female	
Surname or family name			
First name			
Second name			
Certification number (if already certified)			
Nationality		Date of Birth	
Home address			
Country			
Postcode/Zip code			
* Please note that your name will appear on your certification card as: Title, First Name, Surname.			
Telephone no.			
Fax no.			
Email			
Twitter user name			
* You must provide us with a valid email as many of our communications are done electronically			
Part 1 – BUSINESS DETAILS			
Name of Organization :			
Address:			
Country.			
Postcode/Zip code:			
Telephone no:			
Fax no:			
Email:			
Part 1 – OTHER ADDRESS			
Other address:			
Postcode/Zip Code :			
Telephone no:			
Fax no:			
Email :			
Fax no:			
* Provide this if for example if working extensively in a foreign county.			

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Part 2 - TYPES OF TRAINING FOR WHICH YOU ARE APPLYING

Please complete the table below

Please indicate with an X which scheme(s) you wish to apply for.

Please indicate which grade you wish to be considered for (select from the following grades):

- Internal Auditor
 Lead Auditor

Training Scheme	Applied for (X)
Quality Management System	
Environmental Management System	
Food Safety Management System	
Information Security Management System	
Occupational and Safety Management System	

Part 3 – WORK EXPERIENCE

Please provide a **detailed** description of your relevant work experience, including information about **specific tasks and responsibilities** that you had that relate to the sector scheme you are applying for (e.g. environmental, health and safety etc.). Give information about the **breadth and scope of your role** and explain whether you were responsible for quality* in one area, or across the entire organisation. List this information in chronological order, beginning with your current or most recent experience. You may include within your application a copy of your CV, however this section must be fully completed.

*** Quality is used as an example. The same guidance applies to all schemes.**

PLEASE NOTE: This section must be filled in adequately, or it is likely that the application will be rejected and more information requested. **Please use multiple copies of this page as necessary.**

From month/year	To month/year	
Job title	Name of organization and department	
Work experience		
From month/year	To month/year	
Job title	Name of organization and department	
Work experience		

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Part 4 – DECLARATIONS

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

1. I shall observe and abide by the LMS code of conduct.
2. The details which I have given on the application form (except personal details where indicated) will be published in the LMS 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 LMS register. I also understand that, once certified, I am obliged to notify LMS without delay of any changes to my circumstances which, if declared when I made my first application, might have caused LMS to exclude me from the register.

Signed		Date	
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