

# APPLICATION ASSESSMENT FORM

ENVIRONMENT HEALTH AND SAFETY MANAGEMENT  
SYSTEM (EHSMS) AUDITOR REGISTRATION



## For Competent Authority Official Use Only

### Part A - Required Information / Documentation Assessment

Information / Document Submitted by Applicant	
<input type="checkbox"/>	Personal Details Complete
<input type="checkbox"/>	Level of Registration Indicated
<input type="checkbox"/>	Two Referees Supplied with Complete Contact Information
<input type="checkbox"/>	Scope of Certification Indicated (Sectors)
<input type="checkbox"/>	Code of Conduct Declaration Signed and Dated
<input type="checkbox"/>	Declaration from my Employer / Sponsor Signed, Stamped and Dated
<input type="checkbox"/>	Copy of my Passport
<input type="checkbox"/>	Copy of my Resident Visa for UAE (if non-citizen)
<input type="checkbox"/>	Copy of my Academic Qualification Certificates
<input type="checkbox"/>	Documents of my International Auditor Registration
<input type="checkbox"/>	Documents to support my Emirate EHSMS Training Received (Certificate)
<input type="checkbox"/>	Completed Audit Record (for all applicants)
<input type="checkbox"/>	CPD Record (for applicant seeking re-registration and/or advancing to another grade)
<input type="checkbox"/>	Auditor Application Declaration (Part 6 - Application Form) Signed by Applicant and Witness
Comments:	
Checked by:	
Name:	
Signature:	
Date:	___/___/___
Reviewed by:	
Name:	
Signature:	
Date:	___/___/___

# APPLICATION ASSESSMENT FORM

ENVIRONMENT HEALTH AND SAFETY MANAGEMENT  
SYSTEM (EHSMS) AUDITOR REGISTRATION



## Part B - Registration Assessment

Registration Level Granted	Effective date (DD/MM/YY)
<input type="checkbox"/> EHS Auditor	___/___/___
<input type="checkbox"/> EHS Audit Team Leader	___/___/___
<input type="checkbox"/> Renew Registration as an EHS Provisional Auditor	___/___/___
<input type="checkbox"/> Renew Registration as an EHS Auditor	___/___/___
<input type="checkbox"/> Renew Registration as an EHS Audit Team Leader	___/___/___
<input type="checkbox"/> Registration Certificate Issued	___/___/___
<input type="checkbox"/> Registration Number Assigned _____	
<input type="checkbox"/> Renew Registration Date: ___/___/___	

Registration Unsuccessful
<input type="checkbox"/> Application Unsuccessful. Reason: <input type="checkbox"/> Insufficient Qualifications / Training / Auditing Experience <input type="checkbox"/> Insufficient Information / Documentation Supplied <input type="checkbox"/> Application Form Not Complete <input type="checkbox"/> Other: _____

Assessor:	
Name:	
Signature:	
Date:	___/___/___
Competent Authority Comments:	