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| **APPLICATION FOR SIGNATORY APPROVAL****Laboratory Accreditation Programme** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| **1 Name of Organisation** |    |
| **2 Name of Applicant for Signatory Approval**Please write your name and title EXACTLY as you would like it to appear on the Certificate of Signatory Approval. | [ ] Dr [ ] Mr [ ] Mrs [ ]  Miss [ ] Prof  |
| **3 Applicant’s Qualifications**Please include dates. |   |
| **4 Applicant’s Position in Organisation**Approved Signatories must be technical personnel closely involved in the day to day work of the accredited organisation. | Job Title Reports to Supervises Email:  |
| **5 Fields of work for which Signatory Approval is sought**Classes of work or particular work or types of work (please see relevant specific criteria schedule where available). |       |
| **6 Applicant’s Practical Experience Relevant to this Application*****(A brief summary of relevant work history only is required)***Applicant Signatories must have appropriate personal experience in the procedures for which approval is sought. They must be aware of any limitations or difficulties with regard to these procedures and must understand the scientific basis of the procedures. Applicant Signatories also need to be completely familiar with the quality management system, and with the conditions and requirements of IANZ. **PLEASE ATTACH COPIES OF TRAINING RECORDS** |
| **7 Signature of Applicant**I confirm that the above information is correct and that I understand the functions and duties of an IANZ Approved Signatory and requirements for accreditation. | Signed Date  |
| **8 Signature of organisation’s IANZ Authorised Representative** | Signed Date  |