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|  | **UGANDA NATIONAL ACCREDITATION SERVICE** | Document No: UGANAS-F-13 |
| Document Issue Number: |
| Revision Number: |
| Effective Date: |
| **Document Title: APPLICATION FORM FOR ACCREDITATION** | | |

Please complete the appropriate sections of this Application Form for Accreditation

*Should you require support in completing this application form, do not hesitate to contact UGANAS.*

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| **PART 1: APPLICANT’S INFORMATION** | | | | | | | | |
| **Application for:** *(Tick)* | | | | | | | | |
| Pre-Assessment |  | Initial Accreditation | |  | Re-Accreditation |  | Scope Extension |  |
| Organization Name | | |  | | | | | |
| GPS coordinate | | |  | | | | | |
| Tax Identification Number (TIN) | | |  | | | | | |
| Organization Registration | | | *Please attach* ***Certificate of Registration of Business / Organization*** *(Any document confirming legal status)* | | | | | |
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| If part of a larger entity: | | |  | | | | | |
| Name of parent organization | | |  | | | | | |
| Name of specific entity to be accredited | | |  | | | | | |
| Name of specific location(s)/site to be accredited | | |  | | | | | |
| What is the relationship with the larger entity (include tick boxes) | | | *Department, contractor, branch,* | | | | | |
| What are the other activities undertaken by the larger entity | | |  | | | | | |
| If accredited by another accreditation body, specify (name, field and scope) | | |  | | | | | |

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| **ORGANIZATION ADDRESS** | A  Address of specific entity to be accredited or where service for accreditation sought is undertaken | B  Address of specific entity to be accredited or where service for accreditation sought is undertaken (if different from A) |
| Country |  |  |
| District or City |  |  |
| Specific location |  |  |
| Postal address and code |  |  |
| Email address |  |  |
| Official Tel. contact(s) |  |  |
| Website |  |  |

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| **PART 2: PERSONNEL INFORMATION** | | |
| **Personnel Details** | **Head of institution** | **Nominated Representative** |
| Name |  |  |
| Designation/Title |  |  |
| Telephone number |  |  |
| Email address |  |  |
| Number of Employees |  |  |
| Managerial/ Administrative personnel |  |
| Technical personnel |  |

Scope of Accreditation

Please indicate below the scope/field to which you are seeking accreditation for if required.

1. **General Testing (17025)**

| No. | Testing Field | Type of Test | Test Method | Test Object / Matrix | Test Parameter | Measurement Range | Test Location |
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1. Calibration

| **Scheme** | **No.** | **Calibration**  **Field** | **Calibration Object** | **Measurand** | **Calibration Method** | **Standard** | **Calibration & Measurement Capability (CMC)\*** | **Calibration Site** |
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| Calibration (17025) |  |  |  |  |  |  |  |  |
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*\*Calibration and Measurement Capability (CMC): (Measurement Point / Range + expanded uncertainty)*

*Note: Additional information on the CMC may be required in specialised areas like Electrical measurements one needs to indicate Frequency of applied voltage.*

1. **Scheme: Medical Testing (15189)**

| No. | Medical Field | Examination Technique | Equipment | Specimen | Components/ Analytes | Test Location |
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1. Inspection (17020)

| **No.** | **Field**  **of Inspection** | **Product / Service** | **Type of inspection** | **Range of Inspection** | **Codes/ Methods/ Regulations** | **Inspection Location** |
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1. Certification (MS) (17021-1) (QMS, EMS)

| No. | Management System Sub-Scope | Technical Cluster | IAF Code | Description of Economic Activity | Critical Code | No. of Certifications | No of Auditors |
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Certification (product) (17065)

| **No.** | **Scheme** | **Product** | **Code/ Regulations/Std.** |
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Certification (Persons) (17024)

| **No.** | **Scheme** | **Code / Regulations/Std.** |
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|  | Percentage of applied scope against the list provided in 2(g) | |

1. Proficiency Testing (17043)

| **Scheme** | **No.** | **Field** | **Protocol** | **Equipment / Artefact** | **Standard** | **Parameter** | **Measurement Capability** |
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1. Validation & Verification (ISO/IEC 17029)

| **No.** | **Activity** | **Sector** | **Programme \*** | **Standards/ Normative Documents/ Regulatory Requirements** |
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1. **Participation in PT Schemes / ILCs**

***Please indicate below the PT schemes / ILCs that you have participated in and provide results of participation.***

***Note: Participation in PT/ILC is a prerequisite to accreditation.***

| **Scheme Name** | **Parameters** | **Frequency of Participation** | **Remarks on The Adequacy and Acceptability of the PT** |
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| **PART 4: DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION** | | |
| **General Documents – Applicable to all schemes**  *(Documents can be submitted in soft or hard copy)* | | **Tick Off** |
| 1 | Copy of Certificate(s) or other document to confirm legal status of entity | Yes:  No:  N/A: |
| 2 | Signed Accreditation Agreement (2 original copies) | Yes:  No:  N/A: |
| 3 | Organisation structure or chart/Organogram | Yes:  No:  N/A: |
| 4 | CV’s and testimonials of proposed Technical Signatories, certificates & competence profiles | Yes:  No:  N/A: |
| 5 | Quality Manual and associated Policies and Procedures (only soft copies) | Yes:  No:  N/A: |
|  | Test/Inspection/Certification/ Validation/ Verification /calibration/Methods/Procedures/ | Yes:  No:  N/A: |
| 6 | Self-assessment checklist (cross reference between quality system and normative standard and other specified requirements) | Yes:  No:  N/A: |
| 7 | Internal audits reports (within past 1 year) | Yes:  No:  N/A: |
| 8 | Minutes/report on management review carried out (within past 1 year) | Yes:  No:  N/A: |
| 9 | Copy of certificate issued to clients (as applicable) | Yes:  No:  N/A: |
| 11 | Copy of valid applicable licenses/permits to operate (medical, engineers e.t.c) | Yes:  No:  N/A: |
|  | Evidence of PT / ILC as applicable | Yes:  No:  N/A: |
|  | Regulatory Requirements (Current Licenses / certificates) | Yes:  No:  N/A: |
|  | Assessment Fee paid | Yes:  No:  N/A: |
|  | Industry Requirements (Current Licenses / certificates) where applicable | Yes:  No:  N/A: |

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| **PART 5: DECLARATION AND UNDERTAKING** | | | |
| I apply to the Uganda National Accreditation Service (UGANAS) on behalf of ……………………………………………………………………………………………………………. for the accreditation of the activities specified in the Application form. I confirm that the information provided in this application and the accompanying Annex is correct and any changes in circumstances shall be notified to UGANAS in writing.  In connection with this Application for accreditation, the applicant:   1. Undertake to provide all information required by UGANAS for the purpose of assessment to facilitate accreditation. 2. Agree to give unhindered access to personnel, locations, equipment, information, documents and records and arrange for witnessing of activities (as applicable) by the assessment team to verify fulfilment of requirements for accreditation for the purpose of assessment. 3. Agree that at any point in the application or assessment process, if there is evidence of fraudulent behaviour, or the applicant provides false information or conceals information, UGANAS shall reject the application or terminate the assessment process. 4. Undertake to pay UGANAS all costs of processing this application and maintenance of accreditation. 5. Undertake not to involve UGANAS, its directors, officers and authorized representatives in any legal proceeding on any disputes between us and other parties. 6. Undertake to be bound, during the accreditation process and after obtaining the accreditation, by the UGANAS Accreditation Agreement,which I have read, signed and submitted with this application. | | | |
| *Chief Executive or Authorized representative with authority to commit the applicant to accreditation requirements* | Signature |  | *Applicant Stamp* |
| Name |  |
| Designation |  |
| Date |  |

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| **PART 6:**  **FOR UGANAS USE** | Date application is received |  | *UGANAS Stamp* |
| Date application is accepted |  |
| Application expiry date:  (60 days from acceptance): |  |
| Signature |  |

*UGANAS will review the application and should it be acceptable, an invoice shall be shared with the applicant. Should the application not be accepted, the applicant shall be notified with reasons and timelines for any correction.*

1. **Review by UGANAS**

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| Application form complete? | Yes:  No: |
| Assessment fee payment confirmed? | Yes:  No: |
| Applicable documents provided? | Yes:  No: |
| Applied Scope confirmed? | Yes:  No: |
| Adequacy of resources confirmed? | Yes:  No: |
| Explain any No response and Action |  |
| Reviewed by; |  |
| Designation |  |
| Signature |  |
| Date |  |

When completed, the signed application form and supplementary documents should be delivered, e-mailed, or mailed to:

Uganda National Accreditation Service (UGANAS)

Plot 42A Makubuya Road, Nakawa Industrial Area,

P.O. Box 7103, Kampala Uganda

Telephone:

Email: info@uganas.go.ug

Website: [www.uganas.go.ug](http://www.uganas.go.ug)

**Revision History**

| **Date** | **Ver** | **Revised By** | **Reason for Revision** |
| --- | --- | --- | --- |
| 10/10/2022 | 01 | RSQ | Newly developed/formatted document |
| 29/07/2023 | 02 | Accreditation Team | * Revision of scope of accreditation for Medical Scheme * Removal of repeated scope of accreditation for Inspection Scheme * Addition of Scope of accreditation for Validation and Verification Scheme * Addition of Submission of documents to include Validation/ Verification methods/procedures * Revision of clause 2 f) from sample collection sited to be “stated” to “listed”. * Revision of clause 2 g) to include listing of Validation and/or Verification activities |