



PROGRAMME FOR THE REGISTRATION OF TRAINING ORGANISATIONS TO PROVIDE TRAINING ON ISO MANAGEMENT SYSTEMS RELATED TRAINING PROGRAMMES

Objective

The objective of the scheme is to register training organisation offering training on ISO related management systems (eg. ISO 9000 QMS, ISO 14000 EMS) considered competent by the Ministry of Development.

Qualifications for Training Organisation

Training organisations wishing to register with the Ministry of Development must fulfill the following minimum requirements:-

1. Their trainers should be educated to degree level or equivalent.
2. Their trainers should have undergone training in quality assurance management systems and, preferably, hold a professional qualification in this area.
3. Their trainers should have a working knowledge and understanding of ISO 9000 series of standards and/or ISO 14000 series of standard.
4. Their trainers should preferably be registered IRCA lead/principal auditor.
5. Their trainers should preferably have experience in external auditing on ISO 9000/ ISO 14000.

Registration

Training organisation wishing to register with the Ministry of Development must complete Registration Form No STD 3/006 A/1.

The Ministry may wish to interview applicants before approving registration, in which case they must attend at the time and place of the appointment at their own expense.

All registered training organisation/trainers are required to maintain a log of their involvement in management system training.



Registration will be reviewed every 3 years following initial registration. Renewal of registration will be dependent upon the ability of the Training Organisation to continue to perform his/her duties to the satisfaction of the Ministry.

Registration Fees

Application Fee **B\$400.00**

Annual Registration Fee **B\$200.00**

Application

An application for Registration is set out in Appendix 1.



**REGISTRATION OF TRAINING ORGANISATION
APPLICATION FORM**

Details of Training Organisation

Name of Training Organisation

Name : _____
(applicant training organisation/contact point)

Address : _____

Tel. No. : _____ Fax No.: _____

Email : _____

Professional/Technical Qualifications of Trainers

Name of Trainers	Name of Institution	Course/Subject	Grade	Date

Please provide copies of supporting documentation.



Professional Experience

(relating to conducting ISO 9000 and/or ISO 14000 training programmes)

Name of Trainers	Date		Name of Organisation	Department	Quality Related Responsibilities
	From	To			

Declaration

I certify that the statements contained in this Form are correct to the best of my knowledge and belief.

Signature of Applicant Training Organization

Date: _____