

AREA OF EXPERTISE OF ASSESSORS

Complete a separate form for each person and return to:

SADCAS
Attention: Technical Manager
Private Bag 00320
Gaborone, Botswana

Tel: +267 3132909/ 3132910
Fax: +267 3132922
Email: info@sadcas.org

Applicant assessors are asked to indicate the areas in which they consider themselves Highly Competent or Competent to act as assessors. (Please indicate these areas by ticking the appropriate boxes)

Highly Competent: means the assessor should have experience within the last 3 years of working in the area

Competent: means the assessor should have detailed knowledge in the area but not necessarily recent experience within the last 3 years

Please **DO NOT** indicate areas where you have only a basic knowledge of the subject

Note: If you do not receive an acknowledgement of receipt of this form by SADCAS within 3 weeks of dispatch please contact the Technical Manager.

Please return this form to SADCAS together with your completed application form SADCAS F 26, a copy of your current CV and proof of your qualifications.

Name:		Title:	
Organization employed at:			
Qualification/ Years of experience:			
Type of Organization (Indicate in which type of organization you are working for or wish to be an assessor)			
Product Certification Body	<input type="checkbox"/>	Verification Laboratory	<input type="checkbox"/>
Personnel Certification Body	<input type="checkbox"/>	Inspection Body	<input type="checkbox"/>
Hazard Analysis & Critical Control Point (HACCP) Certification Body	<input type="checkbox"/>	Medical Laboratory	<input type="checkbox"/>
Quality Management Systems (QMS) Certification Body	<input type="checkbox"/>	Testing Laboratory	<input type="checkbox"/>
Environmental Management Systems (EMS) Certification Body	<input type="checkbox"/>	Veterinary Laboratory	<input type="checkbox"/>
Food Safety Management Systems (FSMS) Certification Body	<input type="checkbox"/>	Pharmaceutical Laboratory	<input type="checkbox"/>
Information Security Management Systems (ISMS) Certification Body	<input type="checkbox"/>	Forensic Laboratory	<input type="checkbox"/>
Proficiency Testing Scheme Provider	<input type="checkbox"/>	Verification Laboratory	<input type="checkbox"/>

Calibration Laboratory		Blood Transfusion Services	
Other (<i>Please specify</i>)			
Documents submitted to SADCAS:			
Current CV		Certified copies of qualifications	
Completed SADCAS F 26			
Signed: _____		Date: _____	