**Scheme Owners –**

**Application Form and Contract Agreement** **AF2**

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This form is to be completed by scheme owners applying to have their scheme reviewed by INAB.

Scheme information form (AF-3-B) will also need to be completed.

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| **Part A: Scheme Information** |
| **Scheme name:**  Nationally developed scheme  Internationally developed and recognised scheme |
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| **Part B: Accreditation Standards** |
| Please select the standard(s) which are identified in the scheme.  **ISO 17025**: *General requirements for the competency of testing and calibration laboratories*, **TESTING**.  **ISO 17025**: *General requirements for the competency of testing and calibration laboratories*, **CALIBRATION**.  **ISO 15189**: *Medical laboratories – requirements for quality and competence*.  **ISO 17034**: *General requirements for the competence of reference material producers*.  **ISO 17021-1**: *Conformity assessment – requirements for bodies providing audit and certification of management systems*.  **ISO 17065**: *General requirements for bodies operating product certification systems.*  **ISO 17024**: *General requirements for bodies operating certification of persons.*  **ISO 14065**: *Greenhouse gases – requirements for greenhouse gas validation and verification bodies for use in accreditation or other forms of recognition*.  **ISO 17043**: *Conformity assessment: general requirements for proficiency testing*.  **ISO 17020**: *General requirements for bodies performing inspection*.  **ISO 20387**: *Biotechnology – Biobanking – General requirements for biobanking.*  **ISO 17029**: *Conformity assessment – General principles and requirements for validation and verification bodies.* |

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| **Part C: Organisation General Information** | | | | | | |
| **Q1** | **Organisation name** | |  | | | |
| **Address** | |  | | | |
| **Telephone number** | |  | | | |
| **Contact email** | |  | | | |
| **Company web address** | |  | | | |
| **Contact person** | |  | | | |
| **Deputy contact person** | |  | | | |
| **Company registration number** | |  | | | |
|  | | | | | | |
| **Q2** | | **Legal status of the organisation** | | | | |
| **Trading name if applicable** | | | Y | N |
| Owned by an individual (sole trader) | | |  |  |
| Owned by private company or partnership | | |  |  |
| Owned by a public limited company | | |  |  |
| Owned by academic institution | | |  |  |
| Owned by a public body | | |  |  |
| Part of a professional institution | | |  |  |
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| **Q3** | Is the organisation part of a larger organisation with activities/products/services other than those subject to the application for accreditation?  If so, please identify organisation and activities (e.g. consultancy, training, market surveillance).  If part of government, please define relationship within government. | | | | | |
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| **Q4** | VAT Number | | |  | | |
| Does the Organisation claim VAT exemption?  Attach the VAT form 13B | | | Y  N | | |
| Please provide a purchase order number for the full review cost. | | |  | | |
|  | | | | | | |
| All invoices for INAB accreditation will be issued from the Health and Safety Authority. Please ensure that the Authority/INAB is set up on your supplier’s information system in advance of submitting the application.  All contact from the Authority and INAB on financial matters shall be directed to the identified INAB contact.  Health and Safety Authority Financial Information is available in the R1 Regulations available on the website [www.inab.ie](http://www.inab.ie) | | | | | | |

## AGREEMENT is made on the [date] day of [month] 20[xx] BETWEEN:

**The** Health and Safety Authority (INAB), of the Metropolitan Building, James Joyce Street, Dublin 1 (“the Client”) and

[Scheme owner] of [Scheme Owner's address] (“the Scheme Owner”)

(“the Parties”).

**WHEREAS**:

1. In accordance with the provisions of Section 56A of the Safety, Health and Welfare at Work Act 2005 as inserted by Section 32 of the Industrial Development (Forfás Dissolution) Act 2014, the Irish National Accreditation Board (INAB) is an office under the aegis of the Client. For the purposes of this Agreement any reference to INAB shall be construed as a reference to the Client.
2. The Client agrees to review the scheme as presented by the Scheme Owner and the Scheme Owner agrees to comply with the terms and conditions TC-SO.

**IT IS HEREBY AGREED AS FOLLOWS:**

1. This Agreement is governed by the terms and conditions set out in http://www.inab.ie (“Terms and Conditions for Scheme Owners”), which are incorporated by reference into this Agreement.
2. The Scheme Owner agrees to provide information as requested by the Client.
3. The Scheme Owner agrees to pay all charges levied by the Client in the scheme review process.
4. This Agreement shall take effect on the date of this Agreement (“the Effective Date”) and continue until such time as the scheme remains approved by INAB.
5. The Scheme Owner agrees that the fact of scheme approval, should it occur, shall be made publicly available on [www.inab.ie](http://www.inab.ie)
6. The Scheme Owner, in signing this Contract to the Terms and Conditions confirms that based on undertakings with insurance brokers, the Scheme Owner holds the insurances at an appropriate value for the services normally provided to INAB and will continue to hold such insurances for the duration of this contract.
7. The Scheme Owner agrees not to make any reference to the fact of scheme approval, should it occur, that would give the impression of INAB endorsement or a product, process or service. The terms of the approval issued by INAB shall be used at all times.
8. For the purposes of this Agreement, the Client’s Contact is specified below or such other contact as notified in writing to the Scheme Owner.
9. Contact details:

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| --- | --- |
| HSA/INAB (Client) | |
| Name |  |
| Position |  |
| SIGNED for and on behalf of the Client  (being a duly authorised Officer) |  |
| Date Signed\* |  |

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| **Scheme Owner** | |
| Name of Scheme Owner |  |
| SIGNED for and on behalf of the Scheme Owner  (being a duly authorised Officer) |  |
| Date signed\* |  |

\*Please note the effective contract date is when the Scheme Owner becomes active on the INAB system.