

GAP CONTAINMENT CERTIFICATION AUDITOR APPLICATION FORM

Application for:	<input type="checkbox"/> Lead auditor <input type="checkbox"/> Auditor
Application date (DD-MM-YYYY):	
NATIONAL AUTHORITY FOR CONTAINMENT (NAC):	

A completed and signed scanned copy of this document should be returned to WHO: containmentcertification@who.int with the required supporting documentation (it is recommended to send everything by e-mail and request a read-receipt).

Applicant's last name			
First name			
Middle name			
Other Name			
Nationality			
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>
			Female
Date of birth (DD-MM-YYYY):			
Telephone No.	Office		Mobile

Position at employing institution	
Employing institution	
Mailing address	
Email	

Language skills

Language	Spoken			Read			Written		
	Advanced	Inter-mediate	Basic	Advanced	Inter-mediate	Basic	Advanced	Inter-mediate	Basic
English									

Professional education

NAME OF INSTITUTION	PERIOD OF STUDY	LEVEL/DEGREE ATTAINED

Formal qualifications

Please summarize formal qualifications or specific training/competence (e.g. safety management systems auditing, risk assessment, etc) or other personal development activities which provide communication, technical, and/or business acumen, as well as analytical skills necessary to conduct and/or manage GAP Containment Certification Scheme, audits of poliovirus-essential facilities (PEFs):

Employment history (please begin with the most recent job held)

EMPLOYER	ADDRESS	EMPLOYMENT DATE	POSITION

Work experience

Please summarize working experience related to a microbiological laboratory (or equivalent environment), vaccine production facility, or related/similar environment relevant to poliovirus handling and containment.

Please summarize knowledge of industry regulations, standards, guidelines, industry practices and other norms as they apply to the areas to be assessed:

Please indicate auditing/oversight experience (ISO or other standards/practices): please describe the type of audits performed (reference to the standard/practice), year, number, and type of facilities audited:

Type of audit/oversight (please indicate ISO reference of other standard/practice) (e.g., OHSAS 18001, GMP, GLP, ISO 9001, institutional practices etc)	Discipline or streams of audits/oversight [please indicate all relevant area(s) of audit&oversight] (e.g., Safety management systems, Biorisk management, Research, diagnostics, production environments, Engineering principles and concepts, Emergency preparedness, Security)	Year of audit (YYYY)	Number of audits (n)	Task (main auditor, assistant, observer, etc.)

Professional references

NAME	COMPANY	RELATIONSHIP	CONTACT INFORMATION

Additional information

Documents requested with the application form

Please ensure the following documents are provided together with this application form:

1. Updated curriculum vitae.
2. Scanned copies of relevant qualifications, including training records
3. Completed Auditor Log (see the GAP Containment Certification [Auditor Log](#))

Declaration

I hereby declare that the disclosed information is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for termination at any time without previous notice. I hereby give WHO and other relevant authorities authorization to contact the institutions, previous employers, references and others, and release WHO and other relevant authorities from any liability as a result of such contact.

Should there be any change to the above information, I will promptly notify WHO and complete a new application form that describes the changes. This includes any change that occurs before or during the work itself through the period up to the completion of the work concerned.

Applicant's signature (not electronic):

Date (DD-MM-YYYY):

FOR OFFICIAL USE ONLY

Application processed by:		Processing date (DD-MM-YYYY):	
Information verified by:		Verification date (DD-MM-YYYY):	
Application approved by:		Approval date (DD-MM-YYYY):	