

Auditor Name:		Company:	
Address		Phone:	
Email:		Cell:	

1. Point Calculation Criteria	Result	Calculation	Points (BCMSA use only)
Are you a certified external auditor with another Certifying Partner? Include a copy of any relevant certificates in your application package	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 2 No = 0	
Do you have a certificate, diploma or degree in Health and Safety? Complete section 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cert = 2 Dipl = 4 Deg = 6 No = 0	
Do you have CRSP, CSP, CHSC or other professional designation? Specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 2 No = 0	
Do you have a minimum of five years experience in the last ten years as a safety professional in the municipal or related sector, or with organizations that were primarily involved in the municipal industry? (specify # years: _____) Complete section 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	____Years X 2	
Are you or your company registered and in good standing with WorkSafeBC? (Attach clearance letter) (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 1 No = 0	

Do you have Business license and GST number (Attach copy of proof) (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 1 No = 0	
How many full days of on-site consulting experience do you have working directly for organizations where the municipal industry was the organization's principal activity? Complete section 5.	_____ Days	Days / 0.5	
Required Points = 16 minimum			Total Points

2. Education / Training				
Only list education and training directly related to auditing, or safety in local government				
from Month/Year	to Month/Year	University, College, Training Institution	Subject / Title of Training Course	Qualification (Degree / Pass)

3. Professional Qualification and Experience
Only list work experience directly related to local governments or related sector organizations

from Month/Year	to Month/Year	Name of Employer	Your Position in the Company	Brief explanation of your responsibility that supports your competence to audit process controls for construction

4. Audit Participation / Experience

Date of Audit	Audited Company / Location	Audit Type	Total Audit Days		Role in Audit (Team Leader, Member, Sole Auditor)	Number of Auditors in Audit	Standard (if applicable)
			Off- Site	On- Site			

4. Audit Participation / Experience							
Date of Audit	Audited Company / Location	Audit Type	Total Audit Days		Role in Audit (Team Leader, Member, Sole Auditor)	Number of Auditors in Audit	Standard (if applicable)
			Off- Site	On- Site			

5. Safety Consulting activities in the municipal sector				
Type of consulting:				
T – Training				
M – Management system development projects				
D – Disability Management services				
Company / Location	Brief Description	Type of Consulting	Standard (if applicable)	Number of On-Site Consulting Days

I hereby make application to become a BCMSA External Health and Safety Auditor. I understand that the information provided on this application is material to my being accepted as an Auditor, and that any inaccuracy or misrepresentation will be sufficient reason for me to be suspended as an Auditor. I further understand that a selection process will be followed to determine who is eligible for training, as space will be limited.

The following are included with this application:

- Resume
- Copy of Auditor Training Certificate from another Certifying Partner
- Copy of professional certifications
- List of at least three references, preferably in the local government sector and other Certifying Partners

Signature

Date

Submit completed form to:

Justin Chouhan, Manager of Audit and Training Services
BC Municipal Safety Association

All applicants will receive confirmation of their registration status. Selected applicants will be notified of the date and time of their interview

jchouhan@bcmsa.ca;