



INDIVIDUAL NQI MEMBERSHIP APPLICATION FORM (RENEWAL OF MEMBERSHIP)

Part 1 Applicant Details (As Appropriate)

NAME :	AFFILIATED ORGANIZATION/EMPLOYER
POSTAL ADDRESS	BUSINESS ADDRESS
TELEPHONE (OFFICE) (MOBILE)	TELEPHONE
EMAIL	EMAIL

TITLE : Prof/Dr/Miss/Mr/Mrs/Ms etc	
MEMBERSHIP APPLYING FOR: <i>(please tick as appropriate)</i>	
STUDENT	INDIVIDUAL PROFESSIONAL
COLLEGE	ASSOCIATE MEMBER
SECONDARY	MEMBER

PART 2 Areas of Application

Competency fields for which recognition is sought (To be filled by all applicants. Tick as appropriate). Indicate if an additional scope.

S/NO	FIELD		()
1.	ISO 9001	Quality management systems	
2.	ISO 22000	Food Safety Management Systems	
3.	ISO 14001	Environmental Management Systems	
4.	ISO 27000	Information Security management systems	
5.	ISO 17025	Laboratory Management	
6.	ISO 20000	IT service management standard	
7.	OHSAS	Occupational Health and safety Management Systems	

8.	SA 8000	Social accountability	
9.	ISO 17020	Inspection services	
10.	Kenya Gap	Good Agricultural Practices(based on EUREPGAP	
11.	KS 1758	Code of practice for the Horticultural Industry	
12.	EUREPGAP	European retail protocol for GAP	
13.	HACCP	Hazard Analysis and Critical Control Points	

Any other (Specify)

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PART 3: EDUCATIONAL BACKGROUND

3.1.1 Complete in detail giving dates and level of Academic Achievement (to be completed only for additional qualifications which have not been included in the initial application)

Name of Institution, Address & tel.	Date From- To	Course Duration	Achievement/Certificate awarded

*Attach additional sheet if necessary; all entries must be supported by copies of Certificates/documents)

3.1.2 What courses have you attended or Training/ consultancy services have you provided relevant to the scope(s) of application in the last one year:

Course/Training/Consultancy	Organization	Date

*attach certificates or other relevant evidence as applicable

3.1.3 Information on Present Position

Please give brief information on current Quality -related responsibilities.

Quality – related Area(s) of specialization (if applicable):

Length of tenure in present position: From (Month/Year) _____

3.1.4 Information on Previous Positions relevant to the Application

Position/Title _____ **From- To** _____
Organisation _____
Responsibilities _____

Position/Title _____ **From- To** _____
Organisation _____
Responsibilities _____

(Attach additional Sheet if necessary)

Part 5 STATEMENT OF APPLICANT

I certify that the statements contained in this form are correct to the best of my knowledge and belief at this time. I declare that I / My organization agrees to abide by the NQI code of practice for members. I agree to accept the Institute's decision regarding this application for membership. I agree that in the event that my application is considered I will advance the objectives of NQI charter, code of conduct and will advance the objectives of NQI to the best of my ability for such times that I remain a member.

I also commit to follow the NQI constitution for members.

Full names of applicant/ or official representative of the company _____

Signature of Applicant _____

Date _____

PART 6 FOR OFFICIAL USE ONLY

APPLICATION REVIEW: Form Number NQI/OP/06/F-02 _____

6.1 Payment receipt number _____

6.2 Attachments verification

6.2.1 Academic Qualifications as listed in 3.1.1 Is relevant certificate attached

	Is relevant certificate attached

6.2.2 Quality related courses as listed in Is relevant cert attached

	Is relevant cert attached

Application date received

Response file/ Ref. number

EVALUATORS REMARKS

Name----- Date-----