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**Application Form: ISO 27001 Certification**

Please complete this form in full and send to [sales@centreforassessment.co.uk](mailto:sales@centreforassessment.co.uk) or the person who sent it to you. If you require any assistance in completing the form, please contact us on **0161 237 4080**.

**Section One: Basic Details**

|  |  |
| --- | --- |
| **Your Details** | |
| **Organisation Name** |  |
| **Key Contact name** |  |
| **Key Contact Job Title** |  |
| **Email** |  |
| **Telephone** |  |
| **Company registration number** |  |
| **VAT number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Assessment** | | | |
| What type of assessment do you require? | Initial | Transfer | Next audit type due  Choose an item. |
| Which version of the standard? (Please chose one) | ISO 27001:2013 | | ISO 27001:2022 |
| If you are transitioning to ISO 27001:2022, please indication an approximate date you are aiming for. |  | | |
| Do you require a Pre-Audit? | Yes | | No |
| Do you require a Certificate of Commitment? | Yes | | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **The Scope of Your Assessment** | | | |
| What is the scope of your organisation’s operations?  *(What products and services to you provide)* |  | | |
| What sector(s) do you operate in? |  | | |
|  | | | Details if ‘yes’ |
| Do you outsource any core processes or services? | Yes | No |  |
| Do you operate from customer sites? | Yes | No |  |

**Section Two: Locations**

|  |  |  |
| --- | --- | --- |
| **Location One (Main Location)** | | |
| Address |  | |
| Activities/processes undertaken on site |  | |
| Number of full-time employees |  | |
| Number of part-time employees |  | Average % hours worked: |
| How many are based permanently ‘off-site’? |  | Details: |
| Please provide a breakdown of staff roles (e.g. 4 directors, 5 sales, 10 admin, or provide an organisation chart) |  | |
| How many subcontractors are used? |  | Details: |

|  |  |  |
| --- | --- | --- |
| **Location Two** | | |
| Address |  | |
| Activities/processes undertaken on site |  | |
| Number of full-time employees |  | |
| Number of part-time employees |  | Average % hours worked: |
| How many are based permanently ‘off-site’? |  | Details: |
| Please provide a breakdown of staff roles |  | |
| How many subcontractors are used? |  | Details: |

|  |  |  |
| --- | --- | --- |
| **Location Three** | | |
| Address |  | |
| Activities/processes undertaken on site |  | |
| Number of full-time employees |  | |
| Number of part-time employees |  | Average % hours worked: |
| How many are based permanently ‘off-site’? |  | Details: |
| Please provide a breakdown of staff roles |  | |
| How many subcontractors are used? |  | Details: |

|  |  |  |
| --- | --- | --- |
| **Location Four** | | |
| Address |  | |
| Activities/processes undertaken on site |  | |
| Number of full-time employees |  | |
| Number of part-time employees |  | Average % hours worked: |
| How many are based permanently ‘off-site’? |  | Details: |
| Please provide a breakdown of staff roles |  | |
| How many subcontractors are used? |  | Details: |

*#*

*If you have more than four locations, please complete our* ***additional locations*** *supplement.*

**Section Three: Additional Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audit Arrangements** | | | | Details if ‘Yes’ |
| Will the auditor require an interpreter? | Yes | No |  | |
| Is the organisation subject to high regulation? | Yes | No |  | |
| Are there any Health and Safety risks? | Yes | No |  | |
| Dotes the auditor require any PPE? | Yes | No |  | |
| Does the auditor require induction or security clearance? | Yes | No |  | |
| Where appropriate are you happy for your audit to follow a blended approach? (i.e. including remote and onsite audit activities) | Yes | No |  | |
| **The System** | | | | Details if ‘Yes’ |
| Have you engaged with any consultant to help develop your Management System? | Yes | No |  | |
| Do you have any impartiality concerns? | Yes | No |  | |
| How long has the System been in place? |  | |  | |
| Is your organisation recognised by any industry standards or third-party schemes? *(e.g. ISO 9001, Cyber Essentials Plus etc)* | Yes | No |  | |

**Section Four: Multi-Location Details**

|  |  |  |
| --- | --- | --- |
| **ONLY COMPLETE THIS SECTION IF YOU OPERATE ACROSS MORE THAN ONE LOCATION** | | |
| Does your organisation have one Management System covering all locations? | Yes | No |
| Please state the location from where the System is controlled. |  | |
| Does the above location have the authority to define, establish and maintain the single Management System? | Yes | No |
| Is your single management system subject to a centralised management review covering all locations? | Yes | No |
| Are all locations subject to the organisation’s internal audit programme? | Yes | No |
| Is the control location responsible for ensuring Management System data is collected and analysed from all sites? | Yes | No |
| Does the control location have the authority and ability to initiate organisational changes? | Yes | No |

**Section Five: Information Security Management System Details**

|  |  |  |  |
| --- | --- | --- | --- |
| A – Sensitive or confidential information | Little | Moderate | Highly |
| A – Availability of information requirements | Low | Moderate | High |
| A – Number of key processes, interfaces and units | One | Two or three | More than three |
| B – Criticality of business sectors | Non-critical and Non-regulated | Customers in critical sectors | Work in critical sectors |
| C – Established/performance of ISMS | Well established and tested | Fully implemented | Only partially implemented |
| D – IT infrastructure complexity | Few different platforms, networks etc. | Several different platforms, networks etc. | Many different platforms, networks etc. |
| E – Extent of outsourcing and suppliers, including cloud services | Little or no dependency | Some dependency | High dependency |
| F – Information System development | None or very limited in-house | Some in-house and some outsourced | Lots of in-house |
| G – Number of disaster recovery sites | None or one | Two or three | More than three |

**Notes**

Once received, a member of our Business Development team will acknowledge receipt of your application and, unless further details are required, issue you with a no-obligation quotation within three working days. If further details are needed, we will contact you by email or phone to discuss these with you. Please get in touch with us at any time with any enquiries you have: [sales@centreforassessment.co.uk](mailto:sales@centreforassessment.co.uk).

**Data Protection Statement**

All information gathered by Centre for Assessment in the delivery of its services is processed in accordance with the **Data Protection Act, 2018**. For further information on how we process your personal data, please see our Privacy Policy which you can find on our website: [www.centreforassessment.co.uk](http://www.centreforassessment.co.uk)