



**WASAC**  
Arlington 360 Center  
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**ACCREDITATION OF ORGANIZATION HEALTH & SAFETY TRAINING SYSTEM  
(AOHSTS)**



This form is for use by companies or organisations seeking accreditation or re-accreditation of their HS&E Professional Training. An electronic version may be obtained from WASAC website. Please complete the form and contact WASAC as required.

**Applicant Information**

**Name of Organisation**

**Nature of Business**

**Locations/Divisions where training is in operation and accreditation is required**

HQ address:

Tel No:

Fax No:

Web:

Additional locations/divisions

**Person with ultimate responsibility for the Organization**

Name:

Position:

Address:

Tel No:

Fax No:

E-mail:



<b>Person responsible for day-to-day administration of the Organization</b>	
Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	
Tel No: <input style="width: 25%;" type="text"/>	Fax No: <input style="width: 25%;" type="text"/>
E-mail: <input style="width: 95%;" type="text"/>	
<b>Management and Staff</b> - Please list on a separate sheet with the following details:	
Name: <input style="width: 45%;" type="text"/>	Job Title: <input style="width: 50%;" type="text"/>
Location: <input style="width: 80%;" type="text"/>	
Title & Responsibilities (summary)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<b>History of the Organization</b>	
How long has the Organization been operating?      Years ----- Months -----	
Has WASAC previously assessed this Organization (please tick)?	
Yes <input type="checkbox"/> (give dates and aims/outcome)	No <input type="checkbox"/>
Has any training or certification provided by WASAC representatives before?	
Yes <input type="checkbox"/> (give dates and aims/outcome) -----	No <input type="checkbox"/>
List other accreditations or credentials your organization achieved	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<b>Track Record:</b> What evidence can you provide to show that your organisation has a track record for training and development and that the standards for registration can be consistently met?	Document/Ref
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>



<b>Learning Environment:</b> What evidence can you provide to show that your organisation has a learning environment that is generally conducive to professional development?  	Document/Ref
<b>Trainers Assessment:</b> How (and how often) do you assess the competence and performance?  	Document/Ref of HSE trainers

**Declaration**

**This must be signed by the Chief Executive or other person having the authority to allocate the resources required to support this accreditation.**

By submission of this application the Organization/Company agrees to honour its commitment for the professional development of candidates. The Company is also giving assurance that qualified staff and resources are available to support the Scheme.

Accreditation is subject to review at any time and may in exceptional circumstances be withdrawn; this would only be implemented after extensive discussions between the Organization/Company and WASAC accrediting section.

It is a condition of accreditation that any significant changes which could affect this scheme must immediately be notified in writing to WASAC. This includes changes in key personnel. In addition, the accrediting institutions require an Annual Self-Assessment of the Scheme by the Company/Organisation, identifying any developments and providing targets for improvement.

**On behalf of the named organisation, I apply for accreditation of the Accreditation of Organization Health & Safety Training System described in this document. I have read the notes above and understand and accept the implications of making this application.**

Name:  Signature:

Position:  Date:

**Office Use Only**

Date received: ----- Visit Date: ----- Scheme Number: -----

Multi Site: ----- Joint Visit: ----- Follow-up required: -----

Committee Date: ----- Decision: ----- Audit Type: -----

Comments: