

## Application form for Registration

### Personal Details

Title                      Mr                      Mrs                      Ms                      Dr                      Prof

Gender                      Male                      Female

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Nationality \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name you wish to have on your registration certificate \_\_\_\_\_

### Home Address

Please tick this box if you want your home address to be your main address in our register

Street \_\_\_\_\_

Postcode/Zip code \_\_\_\_\_

Country \_\_\_\_\_

Phone no. \_\_\_\_\_

Fax no. \_\_\_\_\_

Email \_\_\_\_\_

### Business Details

Please tick this box if you want your business address to be your main address in our register

Name of organization \_\_\_\_\_

Street \_\_\_\_\_

Postcode/Zip code \_\_\_\_\_

Country \_\_\_\_\_

Phone no. \_\_\_\_\_

Fax no. \_\_\_\_\_

Email \_\_\_\_\_

### Types of Certification for which you are applying to be registered

Please tick the certification program (s) you want to be registered for.

TickITplus Management Program

### Education

Year	Graduation	Course/subjects
_____	_____	_____
Year	Graduation	Course/subjects
_____	_____	_____

### TickITplus Auditor training

Please ensure that your TickITplus auditor training is accredited! A list of the accredited training providers can be found on [www.gasq.org](http://www.gasq.org)

Training dates:

From \_\_\_\_\_ To \_\_\_\_\_

Name of training provider \_\_\_\_\_

Title of training \_\_\_\_\_

Title of program \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Name of training provider \_\_\_\_\_

Title of training \_\_\_\_\_

Title of program \_\_\_\_\_

## Membership

Are you member of professional bodies? Please fill this in here:

Professional Body \_\_\_\_\_

Member since \_\_\_\_\_ Date elected \_\_\_\_\_

Professional Body \_\_\_\_\_

Member since \_\_\_\_\_ Date elected \_\_\_\_\_

## Register information

Please fill in your Skill Profiles:

Information Management & Security

Service Management

Systems and Software Development and Support

Project and Programme Management

Corporate Strategy Planning and Management

Legal and Compliance

Product Validation, Quality and Measurement

IT Systems Engineering and Infrastructure

## Work experience

Please include your work experience and your skill profile related work experience here:

Name of organization \_\_\_\_\_

Job title \_\_\_\_\_ Department \_\_\_\_\_

From month/year \_\_\_\_\_ To month/year \_\_\_\_\_

Work experience \_\_\_\_\_  
\_\_\_\_\_

Skill profile related work experience \_\_\_\_\_  
\_\_\_\_\_

Duration of skill profile related work experience \_\_\_\_\_

Name of organization \_\_\_\_\_

Job title \_\_\_\_\_ Department \_\_\_\_\_

From month/year \_\_\_\_\_ To month/year \_\_\_\_\_

Work experience \_\_\_\_\_  
\_\_\_\_\_

Skill profile related work experience \_\_\_\_\_  
\_\_\_\_\_

Duration of skill profile related work experience \_\_\_\_\_

Name of organization \_\_\_\_\_

Job title \_\_\_\_\_ Department \_\_\_\_\_

From month/year \_\_\_\_\_ To month/year \_\_\_\_\_

Work experience \_\_\_\_\_  
\_\_\_\_\_

Skill profile related work experience \_\_\_\_\_  
\_\_\_\_\_

Duration of skill profile related work experience \_\_\_\_\_

## Declaration

I apply for registration and confirm that I understand and agree to the following conditions.

1. I understand and agree with the enclosed gasq Terms and Conditions.
2. I understand and agree with the gasq code of conduct and agree to follow it.
3. I know that all details given on this application form will be published in the gasq register which is openly available.
4. I confirm that all information given is correct to my best knowledge and belief.
5. I understand that my registration can be withdrawn if my provided info should be incorrect.
6. I agree to inform gasq about any changes to my circumstances as soon as I am registered.
7. I understand that changed circumstances can lead to an exclusion of the gasq register.
8. I have read and agree to the Code of Conduct for TickITplus Assessors (available on the gasq website).

---

Date, Place

---

Signature

## Checklist

Please fill in the checklist before sending your application to gasq

- I have provided both private and business details
- I specified the type of certification I apply to be registered
- I included a copy of my certificate, stating successful completion
- I recorded sufficient work experience
- I filled in the register information
- I signed the declaration

Send this form back to:

**gasq Service GmbH**

Kronacher Str. 41  
96052 Bamberg  
Germany

Tel: +49 951 9649 250

Fax: +49 951 9649 252

Email: [info@gasq.org](mailto:info@gasq.org)

Website: [www.gasq.org](http://www.gasq.org)

## Further process:

After receiving your form gasq will send you an invoice for paying the application fee. After gasq has received your payment the application will be checked through gasq's experts.