



# BBA Associate Consultant Scheme (ACS) Application Form



# Application process

Need help filling out this form?  
Please contact us on:  
01923 665300  
[clientservices@bbacerts.co.uk](mailto:clientservices@bbacerts.co.uk)

## 1. Applicant details

### 1.1 Consultancy Information

|  |  |
|--|--|
| Registered company name  |  |
| Trading as   |  |
| Address  |  |
| Town/city  |  |
| County   |  |
| Postcode   |  |
| Company VAT number   |  |
| Public Liability Insurance<br>(cover amount, provider and policy number)       |  |
| Professional Indemnity Insurance<br>(cover amount, provider and policy number) |  |
| Company email  |  |
| Website  |  |
| Main telephone number  |  |

### 1.2 Contact details

Please provide the primary contact details between BBA ACS and your consultancy. This contact will be the recipient of all BBA ACS communications.

|                             |  |
|-----------------------------|--|
| Primary contact name        |  |
| Job title                   |  |
| Qualifications / experience |  |
| Telephone                   |  |
| Mobile                      |  |
| Email                       |  |

## 2. Scope of services

### 2.1 Standards and Schemes

Please indicate all standards and schemes you are able to provide consultancy for.

|   |  |
|---|--|
| BS EN ISO 9001 – Quality  |  |
| BS EN ISO 14001 – Environmental   |  |
| BS EN ISO 45001 – Occupational Health & Safety  |  |
| BS OHSAS 18001 – Occupational Health & Safety   |  |
| EN1090 – CE marking for manufacturers of load bearing steel and aluminium structures or structural components |  |
| Other   |  |

### 2.2 Geographical operation area

|  |  |
|--|--|
| Please indicate which geographical areas you operate in. e.g Greater London only, Scotland, South West etc |  |
|--|--|

### 2.3 Please indicate which of the EA codes in BBA's accredited schedule you cover

BBA's accredited scope covers the following EA codes for management systems certification.

| Standards  | Description                               | EA Code | Full/<br>Limited | Extent of Scope   |
|--|---|---------|------------------|---|
| ISO 9001<br>ISO 14001                              | Textiles and textile products             | 4       | Limited          | Preparation and spinning of textile fibres, textile weaving. Finishing of textiles, Manufacture of man-made textile articles, except apparel.   |
| ISO 9001<br>ISO 14001                              | Wood and Wood Products                    | 6       | Full             |   |
| ISO 9001<br>ISO 14001                              | Chemicals, chemical products and fibres   | 12      | Limited          | Manufacture of basic chemicals, Manufacture of paints, varnishes and similar coatings, printing inks and mastics, Manufacture of other chemical products, Manufacture of man-made fibres.   |
| ISO 9001<br>ISO 14001<br>OHSAS 18001<br>ISO 45001* | Rubber and plastic products               | 14      | Limited          | Manufacture of rubber products except tyres and rebuilding tyres, Manufacture of plastic products.  |
| ISO 9001<br>ISO 14001<br>OHSAS 18001<br>ISO 45001* | Non-metallic mineral products             | 15      | Full             |   |
| ISO 9001<br>ISO 14001<br>OHSAS 18001<br>ISO 45001* | Concrete, cement, lime, plaster, etc.     | 16      | Full             |   |
| ISO 9001<br>ISO 14001                              | Basic metal and fabricated metal products | 17      | Limited          | Manufacture of tubes, Other first processing of iron and steel production of non-ECSC ferro-alloys, Casting of metals, Manufacture of fabricated metal products, except machinery and equipment.  |
| ISO 9001<br>ISO 14001                              | Construction                              | 28      | Limited          | Construction of commercial buildings, Construction of domestic buildings, Erection of roof covering and frames, Construction of highways, roads, airfields and sport facilities, Other construction work involving special trades, Building installation. |

\* The BBA is migrating to ISO 45001 from OHSAS 18001.

#### EA Codes

Please tick all EA code areas in which you are qualified and active for management systems consultancy.

|             | 4                        | 6                        | 12                       | 14                       | 15                       | 16                       | 17                       | 28                       |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ISO 9001    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ISO 14001   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OHSAS 18001 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ISO 45001   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 3. References

#### 3.1 Client one

Please provide the details for two organisations that you have recently supported through the certification process with a UKAS accredited certification body.

|                                |  |
|--------------------------------|--|
| Company name                   |  |
| Company address                |  |
| Primary contact name           |  |
| Primary contact telephone      |  |
| Primary contact email          |  |
| Name of certification achieved |  |
| Support/Services provided      |  |
| Date achieved                  |  |

#### 3.2 Client two

|                                |  |
|--------------------------------|--|
| Company name                   |  |
| Company address                |  |
| Primary contact name           |  |
| Primary contact telephone      |  |
| Primary contact email          |  |
| Name of certification achieved |  |
| Support/Services provided      |  |
| Date achieved                  |  |

By completion of this form you agree to the BBA contacting the above in order to obtain references.