



BUREAU VERITAS

APPLICATION

FOR SOCIAL ACCOUNTABILITY MANAGEMENT

SYSTEM CERTIFICATION

SA8000

Bureau Veritas Certification Polska
Adres biura: ul. Migdałowa 4, 02-796 Warszawa

Bureau Veritas ENQUIRY NUMBER**DATE**

BEFORE BUREAU VERITAS CAN PREPARE A WRITTEN ESTIMATE OF COSTS INVOLVED WE REQUIRE CERTAIN

INFORMATION ABOUT YOUR ORGANISATION AND STAFF. PLEASE COMPLETE THIS APPLICATION FORM AND RETURN IT TO THE ADDRESS SHOWN ON THE ACCOMPANYING LETTER, WE WILL THEN SUBMIT A QUOTATION TAILORED EXACTLY TO YOUR SITUATION. ALL INFORMATION SUPPLIED WILL BE TREATED WITH STRICT CONFIDENCE.

YOUR APPLICATION DOES NOT COMMIT YOU TO USING OUR SERVICES IN ANY WAY, AND NO APPLICATION FEE WILL BE CHARGED.

PLEASE STATE WHICH CERTIFICATION/REGISTRATION YOU REQUIRE:

SA 8000 SA8000 Applicant Status

WE LOOK FORWARD TO HELPING YOU TO OBTAIN THIS INCREASINGLY IMPORTANT SOCIAL ACCOUNTABILITY CERTIFICATION IN THE NEAR FUTURE.

SECTION A – COMPANY DETAILS

COMPANY NAME:

COMPANY ADDRESS:

SITE ADDRESS (if different)

One application form should be completed for each company/ site seeking certification even though, for Social Accountability Certification of several site may be covered by one Certificate.

POSTCODE:

POSTCODE:

TEL NO:

TEL NO:

CONTACT NAME:

CONTACT NAME:

EMAIL ADDRESS:

EMAIL ADDRESS:

COMPANY REGISTERED NUMBER/LICENCE:

TURNOVER (last year):

CAPACITY (last year):

VAT NUMBER:(if applicable)

LIMITED BY GUARANTEE PLC SOLE TRADE/PARTNERSHIP

IF THE COMPANY IS PART OF A GROUP OF COMPANIES, PLEASE GIVE DETAILS:

DESCRIPTION OF PRODUCT(S)/ SERVICE(S)/PROCESS.

Please note that this description will be taken as part of the Certification scope shown on the Approval Certificate issued by Bureau Veritas

Products/Services:

Main Process:

Please specify the process/s given in outsourcing:

Please specify the n° of subcontractors and an estimate of workers involved:

LOCATION

PLEASE PROVIDE INFORMATION ON LOCATION & LAYOUT OF SITE INCLUDING STORAGE, PROCESS AND ADMINISTRATION FACILITIES AS WELL AS, IF ANY, SERVICES INCLUDING HEALTH, SAFETY & EDUCATION FACILITIES, HOUSING... (Please enclose a site plan if necessary)

Have you used a consultant to assist in developing your Management System?

YES NO

If YES, please give us the organisation / company name of your consultant

OTHER MANAGEMENT SYSTEMS (Please circle the correct answer and fill in when appropriate):

	QUALITY		ENVIRONMENTAL		SAFETY		OTHER	
	YES	NO	YES	NO	YES	NO	YES	NO
HAVE YOU IMPLEMENTED OTHER MANAGEMENT SYSTEMS?								
IF IT HAS BEEN APPROVED BY A THIRD PARTY, PLEASE GIVE DETAILS OF THE FOLLOWING:								
A) CERTIFICATION BODY:	.....		.....		.....		.....
B) STANDARD:	.....		.....		.....		.....
C) APPROVAL DATE:	.....		.....		.....		.....
D) COPY OF CERTIFICATE ATTACHED?	YES	NO	YES	NO	YES	NO	YES	NO
HAVE YOU INTEGRATED YOUR SA 8000 MANAGEMENT SYSTEM WITH:	YES	NO	YES	NO	YES	NO	YES	NO

LEGISLATIVE AND REGULATORY REQUIREMENTS

PLEASE PROVIDE INFORMATION ABOUT ANY SPECIFIC LEGISLATIVE OR OTHER REQUIREMENTS APPLICABLE TO YOUR SOCIAL ACCOUNTABILITY MANAGEMENT SYSTEM

- 1
- 2
- 3
- 4
- 5
- 6
- 7

SECTION B – DISPOSITION OF STAFF

PLEASE GIVE NAME OF THE SENIOR MANAGEMENT SOCIAL ACCOUNTABILITY REPRESENTATIVE

Name:

PLEASE GIVE NAME OF THE EMPLOYEES SOCIAL ACCOUNTABILITY REPRESENTATIVE

Name:

DETAILS ON EMPLOYEES

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. TOTAL NUMBER OF STAFF (Full Time, Part Time, Temporary Worker, Seasonal Worker, homeworkes, subcontractor...), EMPLOYED BY THE COMPANY (in the period of higher productivity):

2. PERCENTAGE OF STAFF BY TYPE OF EMPLOYMENT

Permanent workers:

Temporary workers:

Seasonal workers:

Subcontracted workers:

Piece Rate Workers:

Daily/Casual workers:

Immigrant workers:

Homeworkers:

2. PERCENTAGE OF STAFF BY GENDER:

3. PERCENTAGE OF STAFF IN TERMS OF SPOKEN LANGUAGES:

4. PERCENTAGE OF STAFF IN TERMS OF MAIN NATIONALITIES

WORK PATTERN

1. PLEASE GIVE INFORMATION ABOUT EACH SHIFT, SUCH AS: TIME, NUMBER OF EMPLOYEES AND SPECIFIC EVENTS THAT MAY BE OF IMPORTANCE FOR BUREAU VERITAS (PAY DAY, MEDICAL EVALUATIONS, TRANSPORT, LOCATION OF SPECIFIC ACTIVITIES,...):

2. PLEASE PROVIDE THE FOLLOWING INFORMATION IF THERE ARE ANY SIGNIFICANT VARIATION IN NUMBER OF EMPLOYEES DUE TO EXCEPTIONAL BUSINESS CIRCUMSTANCES OR SEASONAL ACTIVITIES:

PERIOD(S) OF THE YEAR IT HAPPENS	NUMBER OF EXTRA EMPLOYEES	PERCENTAGE IN TERMS OF GENDER	PERCENTAGE IN TERMS OF MAIN SPOKEN LANGUAGES	PERCENTAGE IN TERMS OF NATIONALITIES

SPECIAL CONDITION

THERE WILL BE A MINIMUM OF ONE UNANNOUNCED AUDIT IN ANY THREE YEAR CERTIFICATION. THE SECOND SURVEILLANCE AUDIT WILL BE THE MANDATORY UNANNOUNCED AUDIT. THIS AUDIT CAN OCCUR BETWEEN 4-8 MONTHS, AFTER THE FIRST SURVEILLANCE.

NAME:

POSITION:

DATE:

THANK YOU FOR COMPLETING THIS APPLICATION FORM

Bureau Veritas Certification ACTION ONLY

COMMENTS IF ANY:

AUTHORISED BY (SIGN.):

DATE: