

BRCGS

# ATP Application Form

**Version control**

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| Issue no. | Date | Description |
| 1 | September 2016 | ATP Application Form NEW September 2016 |
| 2 | April 2018 | Updated to reflect revised criteria for ATPs |
| 3 | June 2019 | Updated to reflect criteria for Gluten Free certification program and rebranding |
| 4 | November 2019 | Updated to reflect Packaging Materials Issue 6 |
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**Application Process**

Complete section 1, plus the sections relevant to the Standard(s) you are applying for.

BRCGS assesses the competencies of applicants by evaluating knowledge, training, expertise and industry experience against these criteria. Applicants should ensure that their application includes evidence of all competencies detailed in the criteria, including training skills/qualifications and other relevant educational and industry-related qualifications. Failure to provide all information will result in non-assessment of the application.

Completed applications will only be accepted in the format provided. Supporting documents such as certificates should be submitted with the application.

**SECTION 1.**

**1.1 Personal Details**

|  |  |
| --- | --- |
| **First name:** |  |
| **Family name (surname):** |  |
| **Company Name** |  |
| **Address:** |  |
| **City:** |  |
| **Postal/zip code:** |  |
| **Country:** |  |
| **Contact number:** |  |
| **Email address:** |  |
| **Nationality:** |  |
| **Languages spoken/level:** |  |

**1.2 Indicate your current job role:**

Employer:

**1.3 Provide the reasons why you would like to become a BRCGS Approved Training Partner.**

**1.4 To whom do you intend to market and deliver the BRCGS training courses? (e.g.**

**manufacturers, certification bodies, other) (please specify intended audience and country)**

**1.5 Indicate the Standards against which you wish to train:**

**STANDARD CODE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Global Standard for Food Safety |  | **FOOD** |
|      | Global Standard for Packaging & Packaging Materials |  | **PKG** |
| Global Standard for Storage & Distribution |  | **S&D** |
| Global Standard for Agent & Broker |  | **A&B** |
|  | Global Standard for Consumer Products |  | **CP** |
|  | Gluten Free Certification Program |  | **GFCP** |

**1.6 Are you currently auditing against any of the BRCGS Standards? Yes/NO**

**If YES please complete the following and then complete SECTIONS 3, 4 & 5 ONLY**

|  |  |  |
| --- | --- | --- |
|  | **Standard** | **Auditor Number** |
|  | Global Standard for Food Safety |  |
|      | Global Standard for Packaging Materials |  |
| Global Standard for Storage & Distribution |  |
| Global Standard for Agent & Broker |  |
|  | Global Standard for Consumer Products |  |
|  | Gluten Free Certification Program |  |

**SECTION 2. Technical Competency**

**The table below identifies the training and experience required for each Standard.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CRITERIA** | **CP** | **FOOD** | **PKG** | **S&D** | **GFP** | **A&B** |
| **A minimum of 5 years post-qualification** in a relevant **Industry** | **X** | **X** | **X** | **X** | **X** | **X** |
| **Passed a registered QMS Lead Auditor Course (e.g. ISO9001, IEMA, IRCA)** | **X** | **X** | **X** | **X** | **X** | **X** |
| **Passed a training course in hazard analysis and risk assessment in FMEA (at least 1-day duration) or HACCP (at least 2days duration).** | **X** | **X** | **X** |  | **X** |  |
| **Passed a training course in HACCP/HaRA, HARPC,**  **(at least 2 days’ duration or equivalent) and be able to demonstrate competence in the understanding and application of HACCP principles** | **X** | **X** | **X** | **X** | **X** | **X** |

**2.1** **Complete the table summarising all relevant technical qualifications (for example Lead Auditor, industry-related qualifications). In addition, submit any supplementary documents to support your application.**

**Technical Training and Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **QUALIFICATION/ TRAINING** | **DATE** | **CERTIFICATE/ AWARD ISSUED** | **RELEVANT EXPERIENCE** |
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**SECTION 3. TRAINING CRITERIA**

**3.1 List ALL competencies and qualifications in Training relevant to your application, meeting at least one of the following criteria options:**

**All training and post-qualification experience must be obtained within 10 years of the date of application to become an ATP:**

OPTION A A minimum of 3 years’ experience in training/teaching/lecturing (minimum of 20 days delivering)

OPTION B A recognised professional training certificate and a minimum of 10 days delivery of training courses

Which training criteria do you intend to meet. **Select ONE**

**TRAINING EXPERIENCE & TRAINING QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **QUALIFICATION** | **DATE** | **CERTIFICIATE/ AWARD ISSUED** | **RELEVANT EXPERIENCE** |
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**SECTION 4. SUPPLEMENTARY DOCUMENTATION**

**4.1 Curriculum Vitæ / Resume**

Attach a current copy of your CV/s or resume and any relevant documents, including evidence of continued professional development (CPD), to accompany your application.

**4.2 References**

Provide the names and addresses of two referees.

One referee should be able to provide details of your industry experience and one should provide a reference relating to your training capabilities. You should therefore include referees from industry sectors appropriate to the BRCGS Standard(s) you have applied for.

All referees will be contacted and information will be held securely and confidentially by BRCGS. By providing this information to us and ticking the box in Section 5 you are confirming that you have obtained consent from the referees to be contacted by BRCGS for the purposes of this application.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| **Industry Sector:** |  |  |
| **Contact:** |  |  |
| **Position:** |  |  |
| **Company:** |  |  |
| **Address:** |  |  |
| **Telephone:** |  |  |
| **Email:** |  |  |
| **Summary of work undertaken for referee** |  |  |

**SECTION 5. ACCEPTANCE**

An application fee of £250 is payable with each application. Successful applicants will be required to attend a Train the Trainer course for each Standard, with exam, where a pass mark of 80% or above is required. Upon completion and joining the ATP scheme you will be required to sign a BRCGS Approved Training Partner (ATP) contract.

**Additional information**

* An ATP will be registered for the lifetime of the Standard (typically 3 years). However, the licence fee is payable to the BRCGS on an annual basis

* At the introduction of a new version of the Standard, all ATPs must attend an updated BRCGS Train-the-Trainer course

**UNDERTAKING BY APPLICANT**

1. If my application is successful, I understand that I must read and agree to abide by the ATP contract

1. I certify that all the statements made by me in this application form (and attachments, including my CV) are true and correct to the best of my knowledge. I fully understand that being approved by BRCGS under the Approved Training Provider Scheme does not guarantee work for me or my organisation.

1. By inserting my name and the date, below, I understand and accept that BRCGS may hold the above information for the marketing of the BRCGS Approved Training Partner scheme.

 The information I supplied is accurate and I confirm that I have obtained consent from the referees for BRCGS to contact them.

|  |
| --- |
| **Name:** |
| **Date:** |

**For accessors completion only**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT CHECKLIST (please ensure this is completed)** | | **FOR OFFICIAL USE ONLY** | |
|  | **COMMENT** |
| **SECTION 1** | |  | |
|  | Completion of Personal Details |  |  |
|  | Identification of current job role |  |  |
|  | Explanation of why you want to become an ATP |  |  |
|  | Identification of preferred training audience |  |  |
|  | Indication of preferred BRCGS Global Standard in which to train |  |  |
| **SECTION 2** | |  | |
|  | Met all required Standard specific criteria |  |  |
|  | Summarised all relevant technical qualifications and technical training |  |  |
| **SECTION 3** | |  | |
|  | Met all criteria for OPTION A or B |  |  |
|  | Indication of which criteria is being met |  |  |
|  | Summarised all relevant training qualifications and training experience |  |  |
| **SECTION 4** | |  | |
|  | Included a copy of your Curriculum Vitae (resumé) |  |  |
|  | Provided details and included copies of all supplemental documentation |  |  |
|  | Provided two referees |  |  |
|  | Obtained consent from the referees for BRCGS to contact them |  |  |
| **SECTION 5** | |  | |
|  | Read undertakings and acceptance of applicant |  |  |
|  | Tick box agreeing information provided is accurate and consent from referees has been received |  |  |
|  | Signed and dated application |  |  |