Training Providers

Application Form for Quality Management System (QMS)

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| **PART A- Details of Training Provider** | | | |
| Name of Training Provider |  | | |
| Address:  **(Attach the copy of the DOS Registration certificate** ) | Contact Person: | | |
| Location: | | |
| Telephone No: | Fax No: | e-mail address: |
| Registration Date | Registration No | Grade (Please tick)  A [ ] B [ ] C [ ] |
|  |
| Type of Ownership (Please tick) | Government [ ] Private Sector [ ]  Corporation [ ] NGO Sector [ ] | | |

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| PART B- Details of Courses | | | | | |
| **CBT Courses** | | | **Non-CBT Courses** | | |
| **No** | **Course Title** | **Duration** | **No.** | **Course Title** | **Duration** |
|  |  |  | 1 |  |  |
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| PART C- Details of Quality Management System |

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| Name of the Management Representative |  |
| Designation |  |
| Contact Number/s |  |

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| --- | --- |
| Name of the Internal Auditor |  |
| Designation |  |
| Contact Number/s |  |

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| --- | --- |
| List of Audit Team: | 1. |
| 2. |
| 3. |
| 4. |

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| Scope of the QMS: |  |

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| --- | --- | --- | --- |
| Quality Objectives: |  | | |
| Date Submitted: |  | | |
| 1. Quality Manual: |  | b) Procedure Manual: |  |
| No. of Procedures identified |  | | |

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| PART D (a)-Details of Audit Conducted |

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| Details of Internal audit recently conducted | | |
| Date | Non-conformities identified | Observations |
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| PART D (b) -Details of Management Review Meeting |

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| Details of Internal audit recently conducted: | |
| Date | No. of members participated |
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| PART E-Checklist (This section MUST be completed) (Please tick appropriate answer) | | | Office use only | |
| **1) Have you duly fill all the application form correctly** | **Y [ ]** | **N [ ]** | Y [ ] | N [ ] |
| **2) Have you prepared the Quality manual** | **Y [ ]** | **N [ ]** | **Y [ ]** | N [ ] |
| **3) Have you prepared the Procedure Manual** | **Y [ ]** | **N [ ]** | **Y [ ]** | N [ ] |
| **4) Have you identified the Objectives** | **Y [ ]** | **N [ ]** | **Y [ ]** | N [ ] |
| **5) Have you prepared the Forms & Formats for each procedures** | **Y [ ]** | **N [ ]** | **Y [ ]** | N [ ] |
| **6) Have you used the numbering system for files, Formats, lists, etc.** | **Y [ ]** | **N [ ]** | **Y [ ]** | N [ ] |
| **7) Have you appoint the Quality Management Representative** | **Y [ ]** | **N [ ]** | **Y [ ]** | N [ ] |
| **8) Have you appoint the Internal Auditor** | **Y [ ]** | **N [ ]** | **Y [ ]** | N [ ] |
| **9) Have you conduct the Management Review Meetings** | **Y [ ]** | **N [ ]** | **Y [ ]** | N [ ] |
| **Failure to follow the above instructions will delay the processing your application** | | | | |
| **Note**: *Please attach the above supporting documents according to order* | | | | |

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| PART F- DECLARATION | | This acknowledgement must be signed by the main applicant | |
| **BY SIGNING THIS APPLICATION FORM:**  I hereby declare that all information provided in or with this application is true and correct. | | | |
| Name of Applicant  (Head of Institute) |  | | Official stamp |
| Signature |  | |
| Date |  | |
| **APPLICATION TO BE SENT TO:**  Director,  Department of Occupation Standards,  Ministry of Labour and Human Resources,  Thimphu.  Please mark **“QMS Application”** on the envelope. | | | **Contact us**:  Quality Assurance Division, DOS  Tel : +975-2-333867/326732 Ext. 2143  Fax : +975-2-326873  Email :dorji.tandin03@gmail.com  Website :www.molhr.gov.bt |
| **Office use only** | | | |
| Desk evaluator’s Name: Signature : Date :  Remarks(If): | | | |