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 [ ]  |
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| 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, DOSTel : +975-2-333867/326732 Ext. 2143Fax : +975-2-326873Email :dorji.tandin03@gmail.comWebsite :www.molhr.gov.bt |
| **Office use only** |
| Desk evaluator’s Name: Signature : Date : Remarks(If):  |