

AFRAC PEER EVALUATORS CURRICULUM VITAE FORM

- a) The requested information is confidential; it will only be used by the AFRAC MRA Committee for the evaluation and qualification of peer evaluator applicants and for the evaluation of qualified peer evaluators scopes.
- b) The requested information shall be completed in English.
- c) Candidates to participate in AFRAC peer evaluators training courses shall meet the requirements for evaluators and trainee evaluators as stated in **AFRAC P011 “AFRAC Process and Procedures for Selection, Qualification and Monitoring of Evaluators”**.

I..... the qualified evaluator / candidate evaluator selected to be trained as Peer Evaluator shall commit to avail myself, as far as possible, on request of AFRAC to form part of an AFRAC evaluation team for the evaluation of its Accreditation Bodies. I understand that should I decline such requests without valid supporting reasons, AFRAC may reconsider my further use / training as evaluator / trainee evaluator.

Name of Evaluator / Trainee Evaluator:

Signature:.....

Date:

To the AFRAC MRA Committee Chair

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(Name of the Accreditation Body)

confirms that the information provided in this form is true and accurate.

We, the undersigned AB presenting this (candidate) peer evaluator to AFRAC undertakes to, where possible and based on the requirements established in **M001**, make him/her available for AFRAC evaluations at reasonable times on the basis that all expenses of team members apart from salaries will be paid by the accreditation body being evaluated. We also undertake that the (candidate) peer evaluator will, where possible, attend the peer evaluators' training activities as planned by the AFRAC MRA Committee.

Name of the person in the AB responsible for this information:

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Date:

AFRAC PEER EVALUATORS CURRICULUM VITAE FORM

1. Personal Information

Full Name:	
Surname:	
First Name:	
Accreditation Body:	
Address:	
City/ Postal Code:	
State / Country:	
Telephone (incl. international access code):	
Cellphone:	
Email:	
Citizenship:	
Native language:	

Languages for which I have working knowledge adequate to perform a peer evaluation:

FRENCH	<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	PORTUGUESE	<input type="checkbox"/>	ARABIC	<input type="checkbox"/>
OTHERS	<input type="checkbox"/>						

2. Education and Training

2.1 Professional Education (technical education or undergraduate)

Describe briefly your academic education or equivalent and grade(s) or degree(s) obtained (include undergraduate and postgraduate studies)

DEGREE	INSTITUTION	YEAR DEGREE ACHIEVED

2.2 Courses related to Conformity Assessment and Accreditation

Inform the standards and other normative documents for accreditation for which you have received training of at least 16 hours:

- ISO/IEC 17011 ISO/IEC 17020 ISO/IEC 17021 ISO/IEC 17024
- ISO/IEC 17025 ISO/IEC 17065 ISO 15189
- ISO 14065 ISO 14064-1 ISO 14064-2 ISO 14064-3
- ISO 17034 ISO/IEC 17043
- ISO 22870 ISO 15195 WADA ISL
- ISO TS 22003 ISO 22000 ISO 27006
- ISO 27001 ISO 13485 ISO 9001 ISO 14001
- Global Gap requirements GFSI requirements
- ISO 19011 Others (please specify below)

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3. Experience in accreditation and conformity assessment

3.1 Experience in accreditation body activities

Please describe below in detail your experience in the accreditation body. Provide information on your knowledge of and involvement in activities related to:

- Management of the AB, its rules and processes;
- AB management system principles and tools;
- Management of the accreditation process;
- Management of the assessment;
- Assessment practices, principles and techniques;
- Accreditation and accreditation scheme requirements and relevant guidance and application documents;
- Conformity assessment scheme requirements and related regulatory requirements;
- Risk-based assessment principles;
- Review of assessment reports and decision-making;
- Training, qualification and management of assessors and experts;
- Monitoring of assessors on site;
- Proficiency testing or other laboratory inter-comparisons, reviewing proficiency testing reports;

- Participation in and management of committees;
- Conduct of internal audits; and
- Any other activity relevant to the operation of an accreditation body.

Month/year	Description of activity

3.2 Assessment experience

Inform below the standards / scopes of the AFRAC MRA for which you are qualified as an assessor or Team Leader, the month/year of qualification and the number of assessments of CABs that you have conducted in last five years. Do not include assessments done as part of your training.

Standard/Scope (delete or add others if necessary)	Assessor	Team Leader	Number of assessments in the last 5 years ⁽¹⁾
ISO/IEC 17020			
ISO/IEC 17021 for QMS (ISO 9001)			
ISO/IEC 17021 for EMS (ISO 14001)			
ISO/IEC 17021 for FSMS (ISO 22000)			
ISO/IEC 17021 for ISMS (ISO 27001)			
ISO/IEC 17021 for MD (ISO 13485)			
ISO/IEC 17024			
ISO/IEC 17025 for calibration			
ISO/IEC 17025 for testing			
ISO/IEC 17025 + ISO 15195			
ISO/IEC 17025 + WADA ISL			
ISO/IEC 17065			
ISO 15189			
ISO 15189 + ISO 22870			

Standard/Scope (delete or add others if necessary)	Assessor	Team Leader	Number of assessments in the last 5 years ⁽¹⁾
ISO/IEC 17043			
ISO 17034			
ISO 14065			
ISO TS 22003			
ISO 27006			
Global Gap requirements			
GFSI requirements			

(1) If you have performed more than 30 assessments in the past 5 years, there is no need to specify the number; just inform "more than 30".

3.3 Experience in peer evaluations

If you have participated in peer evaluations or pre-peer evaluations, please inform below the AB evaluated, your function on the team (trainee evaluator, team member or team leader), scope of the MRA that you evaluated and the year when the evaluation was conducted

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3.4 Experience in standardisation and conformity assessment bodies

Please describe below:

- (a) Your experience in technical sectors relevant for conformity assessment activities you have been involved with;
- (b) Your participation in standardisation and in AFRAC, ILAC and IAF. Mention the standards you have been involved with, the committees, working groups and task forces you have participated in;
- (c) If you have attended meetings of MRA decision making groups, please inform the month/year of those meetings.

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4 STATEMENT

I,declare that the information provided is true and accurate.
(Name and Surname of the candidate / evaluator)

Date:

Signature: