**Certification application**

|  |
| --- |
| 1. **Application form**
 |
| Certification programme | [ ]  Certified Board Member SAQ |
| [ ]  Debt collection specialist SAQ |
| Form of certification | [ ]  First certification | [ ]  Recertification |
| Certificate language | [ ]  German | [ ]  French | Certificate language | [ ]  German |

|  |
| --- |
| 1. **Personal details**
 |
| Title | [ ]  Ms | [ ]  Mr |
| First name |       |
| Last name |       |
| Street/no. |       |
| Postcode/town |       |
| Private phone number |       |
| Private e-mail |       |
| Date of birth |       |

|  |
| --- |
| 1. **Billing address (if different from home address)**
 |
| Full address |       |
|  |       |
|  |       |
|  |       |

|  |
| --- |
| 1. **Details of current employment**
 |
| Employer |       |
| Street/no. |       |
| Postcode/town |       |
| Job title/role |       |

|  |
| --- |
| 1. **Certification conditions**
 |
| * Reached the age of majority
* Be employed in Switzerland
 |
| **Initial certification** | **Recertification** |
| * + Perform role/function in the field of the corresponding certification program.
	+ Training degree, which:
* is not older than 24 months when submitting the application
* covers at least 80% of the learning topics of the corresponding certification programme
* has reviewed the technical and methodological competencies in a qualification process

Documents to be submitted:* Filled out and signed “**Certification Application**”
* Proof of training degree (not older than 24 months)
* Proof of current job and function/role (job reference/employer confirmation)
 | * Valid certificate of the relevant certification programme
* Recertification measures amounting to 50 learning hours in accordance with the relevant certification programme have been completed. The two components “Work experience” and “Further training” must have been covered.
* The recertification measures were completed during the validity of the certificate.
* Application for recertification submitted to SAQ before expiration of the valid certificate.

Documents to be submitted:* Filled out and signed “**Certification Application**”
* Copy of proof of recertification measures “work experience” (**reference/confirmation of employment**)
* Copy of **evidence of recertification measures** “further training”

The application can be submitted at the earliest 3 months before the current certificate expires. |

|  |
| --- |
| 1. **Examination of the application**
 |
| If the application is successful, the digital certificate and the invoice of CHF 290 (first certification) or CHF 200 (recertification) will be sent by email. |

|  |
| --- |
| 1. **Recertification (not to be completed for initial certification)**
 |
| Certificate no.: |       | Valid until: |       | [ ]  recertify | [ ]  waive |
| Reason for waiving |       |

|  |
| --- |
| 1. **Completed recertification measures (not to be completed for first certification)**
 |
| **Component “work experience” (at least 15 learning hours)**  |
| **Employer** | **Position** | **Startdate** | **Enddate** | **Number of months**  | **Reference** |
|       |       |       |       |       | [ ]  |
|       |       |       |       |       | [ ]  |
|       |       |       |       |       | [ ]  |
|       |       |       |       |       | [ ]  |
|       |       |       |       |       | [ ]  |
| Total months:       | Total learning hours:       (per 6 months = 5 learning hours)  |
| **Component “further training” (at least 20 learning hours)**  |
| **SAQ code for measure** | **Measure provider** | **Measure title/name** | **Startdate** | **Enddate** | **Learning hours**  | **Evidence** |
|       |       |       |       |       |       | [ ]  |
|       |       |       |       |       |       | [ ]  |
|       |       |       |       |       |       | [ ]  |
|       |       |       |       |       |       | [ ]  |
|       |       |       |       |       |       | [ ]  |

|  |
| --- |
| 1. **Signature of candidate**
 |
| By signing, the candidate declares that he/she accepts the relevant certification programme and that the information provided is complete and true. In addition, the personnel certification body SAQ is granted permission to obtain further information from the aforementioned companies/institutions. SAQ is authorised to provide third parties with general information about certificates. The certificate remains the property of SAQ. In the event of misuse, SAQ may withdraw the certificate. |
|  | **Place** | **Date** | **Signature** |
| **Candidate** |       |       |  |
| The signed application can be submitted by e-mail to pc@saq.ch or by post to: SAQ Swiss Association for Quality, Ramuzstrasse 15, CH-3027 Bern |

|  |
| --- |
| **To be completed by the SAQ certification body** |
| Person responsible | Date | Initials |