




	Please include any further explanatory text here:	
2.2	Applicant Organisation Address:	
	Telephone:	Website:
2.3	CEO (or equivalent):	
	Telephone:	Email:
2.4	Contact Person 1 (name and title):	
	Telephone:	Email:
2.5	Contact Person 2 (responsible for invoicing/finance, if different from above):	
	Telephone:	Email:
2.6	Number of employees:	
2.7	Number and location of offices:	
		
2.8	All sets of standards in use, including revision/version number and year of approval	Please tick if you wish these standards to be accredited:
2.9	Please state who has ownership of the standards:	
	<p>purposes (standards used for internal evaluation are not permitted into the programme). For further details, please see the Terms and Conditions (IAP-I-2).</p> <p>Please confirm that the standards you are submitting for accreditation are used solely for external evaluation purposes:</p>	
	I confirm that the standards being submitted for accreditation are used for external evaluation exclusively (i.e. not for internal evaluation purposes)	
2.11	Please include details of the organisations which are currently using this edition of the standards:	
	Please specify the approximate number of clients that have been assessed against the standards being submitted for accreditation:	
	Please specify the countries/regions where these standards have been used:	
	Please specify when this edition of the standards was implemented (i.e. when surveys commenced):	
		
2.12	Number of surveys in the last calendar year:	
		

2.13	Do you deliver your own surveyor training programme?
Quality and Patient Safety Training Programme – Please complete questions 2.14 – 2.16 if you wish to get a quality and patient safety training programme assessed	
2.14	Please provide details regarding the training programme that you wish to get assessed (please include the full name of the training programme)
2.15	When was this training programme first delivered (year)?
2.16	How many trainees/learners have completed the training programme to date? If this is the first year that the training programme is being delivered please indicate the current number of trainees/learners enrolled on the programme?
General	
2.17	Other comments/additional information

3.0 PRODUCTS REQUIRED

Please specify the accreditation services you require. Please note that Organisational Accreditation **can only be undertaken following Standards Accreditation**.

	IAP Products	Required? Yes/No	Preferred Date for Survey Assessment:
A	Standards Accreditation (If more than one set of standards please state the number)		
B	Organisational Accreditation		
C	Surveyor Training Programme Accreditation		
D	Quality and Patient Safety Training Programme		

*Please note that while every effort will be made to accommodate your preferred dates, we cannot confirm that your preferred dates will be available. A minimum of ten months is required from the time of application to the survey.

4.0 PAYMENT PROCESS

On receipt of your Application Form and the accompanying evidence, ISQua EEA will issue an invoice for the required amount, as specified in the current fee schedule.

All applications will be processed upon receipt of full payment of the issued invoice. At this time, you will be contacted to determine the dates for your survey(s). Once dates are confirmed you will be provided with access to our online survey management tool *ISQua EEA Collaborate* which includes the relevant documents from the following list:

- Guidelines and Principles for the Development of Health and Social Care Standards, 5th Edition
- Guidelines and Standards for External Evaluation Organisations, 5th Edition
- Guidelines and Standards for Surveyor Training Programmes, 4th edition
- Guidelines and Standards for Quality and Patient Safety Training Programmes, 1st Edition
- Self-Assessment Tool to be completed
- Sample of Completed Self-Assessment

5.0 POSTPONEMENT / CANCELLATION OF SCHEDULED SURVEY

_____ **[Name of organisation]** hereby states that it is aware of, and agrees to abide by the *Terms and Conditions of the ISQua External Evaluation Association International Accreditation Programme* (Ref IAP-I-2), including those relating to postponement or cancellation of a scheduled survey.

6.0 SUPPORTING EVIDENCE

To support this application form, please include the following evidence document(s):

For standards accreditation, please submit a copy of the standards to be assessed in English.

AND
Documentation to support that your organisation is an established external evaluation organisation (e.g. deed, constitution or articles of association, governing legislation).

OR
Documentation to support your intention to establish an external evaluation organisation (e.g. governing legislation).

OR
If your organisation is a standards developing body, the formal agreement between your organisation and the external evaluation organisation(s) that use the standards.

OR
If you are applying to have your quality and patient safety training programme assessed, please submit a copy of the programme brochure/outline in English.

7.0 SUBMISSION

I wish to submit the above application for consideration and in doing so agree to adhere to the *Terms and Conditions of the ISQua External Evaluation Association International Accreditation Programme* (Ref IAP-I-2).

Signed: _____

Name (print): _____

Title: _____

Date: _____

Please return the completed form and the accompanying evidence (as outlined in 6.0) to ISQua EEA: support@ieea.ch

Any application forms submitted without supporting evidence will not be processed.

Office Use Only

Reviewed by: _____

Date: _____

**International Society for Quality in Health Care External Evaluation Association (ISQua EEA), Multifiduciaire Genève, Carrefour de Rive 1,
Case Postale 3369, 1211 Genève 3, Switzerland. support@ieea.ch**