

Application/Enrollment Form **BASE INTERNAL AUDITOR TRAINING**

Blended Learning: This course includes a combination of online learning and virtual workshops with instructor-led training and assessment activities during and after the course. Review the course webpage carefully to understand the commitment required. Participant applications will be reviewed and approved prior to acceptance into the training. Upon acceptance you will be provided with the next steps, including information regarding how to access the online training, and details about your workshop schedule.

Online Learning: Approximately 14 hours (estimated); must be completed prior to the start of the virtual workshops.

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				e provided.		
n (complete	e fully and print cle	arlv)				
Legal First Name		Legal Middle Name		Legal Last Name		
Nickname (if applicable)		Former Name (e.g., maiden name)		Birtndate (mm/dd/year)		
Mailing Address (street and/or PO box)		City/Town		Province, Postal Code		
Persona	al/Cell Phone Email Address					
ne OR 🗆 \	our Own Company	Name	WorkSafeBC Acc	count Number		
		Company Trade	Name or "Operating	As" Name		
Mailing Address (Street; PO Box)		City/Town		Province, Postal Code		
Fax Nun	nber	Email Address	Email Address			
se logging; s	ilviculture; road bu	ilding; engineering;	other: please indica	ate)		
	n (complete PO box) Persona OX) Fax Num	n (complete fully and print cle Legal Middle Name Former Name (e.g. PO box) Personal/Cell Phone OX Fax Number	A complete fully and print clearly) Legal Middle Name	Legal Middle Name Legal Last Name Former Name (e.g., maiden name) Birthdate (mm/dd PO box) City/Town Personal/Cell Phone Email Address WorkSafeBC Acc Company Trade Name or "Operating Ox) City/Town		

Note: please provide your payment information on the last page



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BASE Auditor Candidacy Competency Matrix

Parameter	Pts	Scoring	Minimum for Internal	Minimum for External	Maximum Possible
Education	1	Grade 12 Equivalency	1	1	46
	2	Points per two-year post-secondary diploma or certificate in progress In any field Max 2 points		-	
	4	Points per completed two-year post-secondary diploma or certificate In any field Max 8 points			
	5	Points per four-year post-secondary degree in progress In any field Max 5 points			
	10	Points per completed four-year post-secondary degree In any field Max 30 points			
Industry Work Experience	1	Points per whole year Max 10 points	2	2	12
(in any role)	1	Points per whole quarter employed by or consulting at BCFSC as a reviewer and/ or advisor. Max 2 points			
Experience in Current Company (including consulting company / owner)	1	Points per whole year	1	2	12
	1	Max 10 points Points per whole quarter employed by or consulting at BCFSC as a reviewer and/ or advisor. Max 2 points			
Safety Training and Experience	1	Points per year or part thereof where safety is >49% of your responsibilities Max 10 points	2	5	46
	1	Points per week-equivalent OHS specific training course. Max 5 points.			
	5	Points per year-equivalent OHS-specific post-secondary education Max 20 points			
	1	Current CHSC designation			
	10	Current CRSP designation			
Auditing Experience	0.1	Points per SEBASE / ISEBASE audit performed or reviewed Max 3 points	0	5	24
	1	Points per BASE audit performed Including as a team member Including full and verification Excluding Administrative audits Max 5 points			
	1	Points per large employer COR audit performed for a BC Certifying Partner other than BCFSC Max 5 points			
	1	Points per OHSAS18001 audit lead Max 5 points			
	1	Points per ISO14001 audit lead Max 3 points			
	1	Points per ISO9001 audit lead Max 1 points			
	2	Points per OHS course with auditing content (i.e. ISO auditor, BCIT diploma, CRSP designation). Max 2 points			
Minimum Total			10	20	140

AUDITOR BACKGROUND INFORMATION

Complete the following information and score your prerequisites in the 'your score' column according to the BASE Internal (IA)/External (EA) Auditor Candidate Competency Matrix on page 2 of this form. The BC Forest Safety Council will assign a final review score. Meeting minimum requirements does not guarantee a seat in a particular course.

	Information (include designations, training certifications, etc.)	For BCFSC Use Only
Work Experience in Current Industry		
Experience in Current Company		
Safety Training and Experience		
Auditing Experience		
Education		

Page 3 of 5 Revised: Aug. 25, 2023 enrol BASEInternalAuditor

Required writing sample					
\square Write one page (250 – 300 words) about "why I would be a good Internal Auditor".					
Attach this writing sample page to your application email submission.					
Participation in Internal Auditor Training – Workshop Session & Student Au	dit:				
I am active in my company's business operations and have knowledge of ou and safety program.	r health				
□ I acknowledge that the BASE 4 audit tool and training course are elect understand I need a personal device (laptop, tablet) that runs Microsoft Wood or newer, to use during the session and as an Auditor.					
I understand that I will be issued online access and am required to compl training prior to attending the workshop.	erstand that I will be issued online access and am required to complete this g prior to attending the workshop.				
☐ I confirm that I am a permanent employee of this company or that they have do me as a dependent contractor on their SAFE Companies registration.	onfirm that I am a permanent employee of this company or that they have declared as a dependent contractor on their SAFE Companies registration.				
☐ I understand that I can only conduct maintenance audits for my current emplo	I understand that I can only conduct maintenance audits for my current employer.				
	commitment, depending on company size, including field work and report writing)				
☐ I will be available for my competency conversation (maximum 90 minutes) wit days of the course. Conversation gaps must be completed within 3 months.	hin 14				
Date:					
I confirm that the above information is accurate:					

(Applicant's Signature – digital acceptable)

Page 4 of 5 Revised: Aug. 25, 2023 enrol_BASEInternalAuditor

Payment Details				
Session Fee:	□ \$525.00 (\$500.00 + \$25.00 GST)			
Payment Method:	□ Enclosed Cheque (payable to BC Forest Safety Council) □ VISA □ MasterCa			☐ MasterCard
Name on Card Credit Card Number	Expiry Date (MM,	, YY)	3-digit security code	
Cardholder's Signature		-	MPORTANT:	Please include CVD (3 digit security code from back of credit card)

Your company, personal and financial information is only used for purposes of course enrollment and program management. Confidential information will not be disclosed to third parties. Your information is valuable, and we ensure all reasonable measures are taken to protect it.

Send completed form to BC Forest Safety by email: safeco@bcforestsafe.org

Questions? Call us toll-free: 1-877-741-1060

IMPORTANT NOTES:

- A) If minimum enrollment is not met two weeks prior to a course start date, we reserve the right to cancel the session and reimburse paid registrants.
- B) Please notify us as soon as possible if you need to withdraw or reschedule your enrollment.
- C) Refunds or credits will not be issued for 'No Shows.' The only exception to this is for unplanned emergencies / illness.

Page 5 of 5 Revised: Aug. 25, 2023 enrol_BASEInternalAuditor