



GUYANA NATIONAL BUREAU OF STANDARDS

REQUEST FOR TECHNICAL ASSISTANCE FORM

Please mail or fax to: **The Executive Director,
Guyana National Bureau of Standards
Flat 15 Sophia Exhibition Complex
Georgetown, Guyana
Telephone: 592-219-0062, 219-0064-0066
E-mail: bss@gnbsgy.org**

Name of Contact Person: _____

Company: _____

Address: _____

Telephone: Fax: E-mail:

Please describe the Technical Assistance required by your Organisation;

1. What is objective of the Technical Assistance requested?

2. What is your target date for Certification/ Registration/ Accreditation? _____

3. How many employees are employed by your organization: _____

4. What is the scope of Certification/Registration/Accreditation? Please attach to this form.

5. Please identify the management system currently employed at your organization if any.

6. Number of participants proposed for training (20 is the maximum recommended): _____

7. Level of participants within the organisation: _____

8. Are the participants familiar with the requirements of the standard or area proposed for Technical Assistance? _____
9. Do you have copies of the management system standard at your organisation (photocopying of standards is not recommended)? _____
10. Will you provide the following for the conduct of the training programmes and sessions. Please indicate yes or no:
- Lap top computer and multipurpose projector _____
 - Training room _____
 - Flip charts (2) _____
 - Flip chart stands(1 or 2) _____
 - Printed copies of manuals for each participant on receipt of a Master copy from the GNBS one (1) week prior to the conduct of the training programme _____
 - Mid morning and mid afternoon snacks and lunch for the participants _____

How did you hear about this programme?

Invitation: Referral:
 Other advertisement (please specify): Other source (please specify):

Is it your company's intention to be registered or accredited to ISO 9001, ISO 14001, ISO 22000, ISO 17025 or ISO 15189?

Yes No. Or if any other, please indicate:

I consent to providing the GNBS personnel access to information including confidential documents and records to develop a management system meeting the requirements of the management system standard. I consent to ensuring that the implementation plan is implemented as agreed.

FOR OFFICIAL USE ONLY

Date received; _____ ***Received by:*** _____

Date evaluated: _____ ***Evaluated by:*** _____