|  |  |  |  |
| --- | --- | --- | --- |
| Attendee Name | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | *First name* | *Middle name* | *Last name* |
|  |  |  |  |
| Date of Submission | Click or tap to enter a date. | Gender | Male [ ]  Female [ ]  |
|  |  |
| Select Course | Choose an item. |
| Details of Short Duration Course | Click or tap here to enter text. |
| Course Information |
| Location | Click or tap here to enter text. | Course Start Date | Click or tap to enter a date. |
| Other Courses of Interest |
| 5 Days Social System Auditor/Lead Auditor Course [ ]  | 2 Days Bridge Course [ ]  | Fire Safety Course [ ]   |
| 2 Days Internal Auditor Course [ ]  | One Day Training on CTPAT [ ]  | WRAP Short Duration Course [ ]  |
| Any other course you expect from WRAP | Click or tap here to enter text. |
|  |
| Personal Information |
| Organization Name | Click or tap here to enter text. |
| Your Position | Click or tap here to enter text. |
| Country of operation | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| APSCA Designation\*\* | Click or tap here to enter text. | Intended to be a WRAP Auditor | Yes [ ]  |
| APSCA Number\*\* | Click or tap here to enter text. | No [ ]  |
| Does the attendee have at minimum ASCA status with APSCA?++ | Yes [ ]  No [ ]  |
| Has the attendee completed **at least 25 man-days** of social compliance audit experience? ++ | Yes [ ]  No [ ]  |
| ++NOTE: If the answer to any of the above two questions is 'NO,' the attendee will NOT be eligible to conduct WRAP audits even if they participate in the course and pass the exam. |
|  |
| \* APSCA recognized course for CPD hours |
| \*\* Only to be filled out if applying for 5 days Social System Auditor/Lead Auditor course |
| Ref. Standards/Regulations: |
| APSCA guidelines and ISO 19011 |
| Confidentiality is ensured for all given information. |
|  |
| Invoice Information |
| Name of the person to be invoiced | Click or tap here to enter text. |
| Address to appear on the invoice | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Course Fee | USD | All fees must be paid in advance.Fee for online training differs. |
| 5 Days Social System Auditor/Lead Auditor Course | 1195 |
| Note: Contact WRAP for the latest fee update for any other course. |
|  |
| Important Conditions for 5 Days Social System Auditor/Lead Auditor Course |
|  |
| 1. Monitoring firm auditors/reviewers can apply. Brand representatives may also apply. |
| 2. WRAP's decision on your eligibility will be final. |
| 3. Prior to the course, monitoring firms must inform WRAP if their participant(s) intend to be a WRAP auditor. |
| 4. Simply attending this course will NOT make the participant a WRAP auditor. |
| 5. Course participants will NOT be issued a WRAP auditor badge if: |
| 1. Participants do not intend to be a WRAP auditor.
 |
| 1. Participants are not yet qualified to be a WRAP auditor (see Auditor’s Handbook for qualifications to be a WRAP auditor and the lead auditor).
 |
| 1. The invoice is unpaid.
 |
| 6. Approved audit log (from the monitoring firm) and latest CV must be submitted along with this booking form for each participant. |
| 7. 2 Days Bridge course is applicable only for CSCA Auditors. |
|  |
| CANCELLATION CHARGES PRIOR TO COURSE COMMENCEMENT\* |
| **+20 working days** | No Charge | **+10 working days** | 75% of training fee |
| **+15 working days** | 50% of training fee | **< 10 working days** | 100% of training fee |
|  |  |  |  |
| [ ] I do hereby declare that I have read, understood, and will abide by the above conditions. |
| [ ] I do hereby declare that all statements above are true to the best of my knowledge. |
| Signature of Applicant or Authorized Signatory |  |
|  |
| For Office Use Only |
| WRAP Reviewer | Click or tap here to enter text. |
| Review Date | Click or tap to enter a date. |
| The candidate is allowed to participate in the applied training program | Yes [ ]  No [ ]  |
| WRAP auditor badge will be issued to the participant | Yes [ ]  No [ ]  |
| Justification in case of ‘NO’ | Click or tap here to enter text. |