**Part 1. Organization**

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| --- | --- |
| **Organizational Name:** |  |
| **Address, City, State, ZIP** |  |
| **Contact Name:** |  |
| **Contact Email:** |  |
| **Contact Phone:** |  |
| **Website:** |  |
|  |  |
| **Insights Association Member (yes/no):** |  |
| **CIRQ Client Number:** |  |
|  |  |
| **Standard to be Assessed:** | ISO/IEC 27001:2013 |
|  | ISO/IEC 27701:2019 |

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| **The total number of persons doing work under the organization’s control for all shifts within the Scope of the Certification.**  *Note: This is not asking for total number of people, it is asking for the number of people to plan, implement, maintain, and improve the scope of the ISMS.* |  |
| **Hours of Operation:** |  |
| **Additional Shifts:** |  |

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| **Site** *\*Please indicate your company’s disaster recovery site with (DR).* | **Street Address** | **City** | **State, Country** | **Postal Code** | **# of Employees/Site Activity (e.g., ISMS, HR, etc.)** | **Site included in scope (Y/N)** |
| **1. (HQ)** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |

**Part 2. Organization Products and Services**

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| Please provide below precise details of the products and services provided by your company: |
| Please provide a brief description of the processes, infrastructure, operations, human resources, technical resources, functions and relationships that are included within the scope of the proposed certification: |
| Do you regularly employ sub-contractors to complement your workforce, for the activities within the scope of certification? If so, how many sub-contracted employees? |
| What percentage of your work is on your clients’ site/s (if you perform such activity)? |

**Part 3. Certification Scope**

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| Certification scope (please indicate the processes or areas of your organization to be certified – applications, platforms, etc.):  *Important Note\* Please be precise since this will serve as the fundamental information for audit planning. This description shall serve as the main information for composition of scope statement of certificate in case of the positive certification decision.* |
| Please set target date for audit: |
| Have you been certified for an ISO Standard by another certification body? If so, please indicate: |
| Is this a certification transfer from another certification body? If so, please indicate the standards being transferred as well as the date of expiry of your certificate: |
| Please supply the list of regulations and relevant legal obligations applicable to the management system to be certified: |
| Extent and diversity of technology utilized in the implementation of the various components of the  ISMS (e.g. number of different IT platforms, number of segregated networks): |
| Have you had consultancy services related to the management system to be certified and if so, please indicate by whom (name of the company/individual and website): |
| Do you have a business relationship with other Certification Bodies that could be in conflict with ISO 17021-1 clause 5.2.4 which states that: “A certification body shall not certify another certification body for its quality management system.” |
| Please identify any outsourced processes your organization has implemented that will affect conformity to the requirements of ISO 27001:2013. |
| Please confirm that a single management system is deployed across the organization. |

**Part 4. ISO 27701 Privacy information management system security extension**

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| Please indicate if your organization is including ISO/IEC 27701:2019 (choose one):  Existing ISO/IEC 27001:2013 certification  New ISO/IEC 27001:2013 certification  Not at this time  Not applicable |
| If you are adding ISO/IEC 27701:2019 to a new or existing ISO/IEC 27001:2013 audit and certification, is your organization a:  Controller  Processor  Controller and Processor  Not applicable |

**Part 5. Organization Declaration**

We confirm that the information provided above is true to the best of our knowledge and belief. On behalf of the company, I give consent to CIRQ as per procedures outlined it its Quality Manual:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Title** |  |
| **Signature** |  | **Date** |  |

**Part 6. CIRQ Information**

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| --- | --- | --- | --- | --- | --- |
| **The following section is for CIRQ internal use only. Please do not fill in. Thank you.** | | | | | |
| The information about the applicant organization and its management system is enough to develop an audit program. | | | | **Yes ( )** | **No ( )** |
| Any known difference between in understanding between CIRQ and the applicant organization is resolved. | | | | **Yes ( )** | **No ( )** |
| CIRQ has the competence and ability to perform the certification audit. | | | | **Yes ( )** | **No ( )** |
| The scope of certification, the site, the time required, and other relevant elements have been taken into consideration. | | | | **Yes ( )** | **No ( )** |
| For this 3yr Audit Program, the minimum number of audit days is: | | | | | |
| **Stage 1** | **Stage 2** | **1st Surveillance** | **2nd Surveillance** | | |
|  |  |  |  | | |
| **Audit Assigned to:** |  | | | | |