**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** *(to be completed by CIRQ):* |  |
|  |  |
| **Standard to be Assessed:** | ISO/IEC 27001:2022 |

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| **Number of leadership individuals who have administrative control and policy management responsibility for the company’s ISMS.**  *This number does not include staff who use and follow the ISMS policies.* | **[Examples: CEO, VP IT, VP HR, Legal, Privacy]** |
| **Number of individuals who administer, manage and maintain the ISMS.**  *This number does not include staff who use and follow the ISMS policies.* | **[Examples: IT Manager, DPO, DevOps, InfoSec]** |
| **Full staff count**  *Remainder of staff not accounted for above.* |  |
| **Organizational departments/activities Excluded from the Scope of Certification** |  |
| **Hours of Operation:** | **9-5** |
| **Additional Shifts:** | **n/a** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Site** | **Street Address** | **City** | **State, Country** | **Postal Code** | **# of Employees** | **Site included in scope (Y/N)** |
| *\*Please indicate your company’s disaster recovery site with (DR).* |  |  |  |  |  |  |
| **1. (HQ)** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **Total # of Employees across all sites** | | | | |  | |

**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 ISMS 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 exact wording of what you want to see on your certificate). This may include 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 27001:2022. |
| Please confirm that a single management system is deployed across the organization. |

**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:** |  | | | | |