CQI and IRCA Declaration

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| --- |
| Name:  |
| Certification number: |
| Signature: |
| Date: |

Please complete part 1, 2 and 3 and return with your recertification documentation.

**Section 1**

* **I confirm** that since my last date of certification I have not received
any complaints concerning my professional conduct whilst carrying out
auditing activities.

Or

* **I confirm** that since my last date of certification I have received formal complaint(s) concerning my professional conduct and details are attached
for your examination. **I understand** that these will be treated in the
strictest confidence.

**Section 2**

* **I confirm** that I have complied with the CQI Professional Code of Conduct

**Section 3**

* **I confirm** that I am currently certificated as [grade]\_\_\_\_\_\_\_\_\_\_\_\_ and I wish to recertify as [grade]\_\_\_\_\_\_\_\_\_\_\_\_

**Return the completed form to: auditors@quality.org**

Or 2nd Floor North, Chancery Exchange 10 Furnival Street, London EC4A 1AB

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