

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 Fax: 219-0070 E-mail: <u>info@gnbsgy.org</u>

Name of Contact Person:
Company:
Address:
Telephone: Fax: E-mail:
Please describe the Technical Assistance required by your Organisation;
What is objective of the Technical Assistance requested?
What is your target date for Certification/ Registration/ Accreditation?
How many employees are employed by your organization:
What is the scope of Certification/Registration/Accreditation? Please attach to this form.
Please identify the management system currently employed at your organization if any.
Number of participants proposed for training (20 is the maximium recommended):
Level of participants within the organisation:
I EVEL OF DATFICIDANTS WITHIN THE ORGANISATION'

	7
Are the participants familiar with t Assistance?	the requirements of the standard or area proposed for Technical
Do you have copies of the managenot recommended)?	ement system standard at your organisation (photocopying of standards is
Will you provide the following for or no:	the conduct of the training programmes and sessions. Please indicate yes
of the training programme	projector articipant on receipt of a Master copy from the GNBS one (1) week prior to the conduct ks and lunch for the participants
How did you hear about this program	me?
Invitation:	Referral: □
Other advertisement (please specify):	□ Other source (please specify): □
☐ Yes ☐ No. Or if any other, plea	ase indicate:
I consent to providing the GNBS personnel management system meeting the requirer implementation plan is implemented as agree	access to information including confidential documents and records to develop a ments of the management system standard. I consent to ensuring that the ed.
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FOR OFFICIAL USE ONLY	

Date received;	Received by:	
Date evaluated:	Evaluated by:	
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