

 <p><b>APPLICATION FOR THE CERTIFICATION OF METROLOGISTS</b></p>	<p>(For office use only)</p> <p><b>REFERENCE No.</b></p> <p><b>C</b></p>
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**A: APPLICANT DETAILS**

Date		Title		New Application <input type="checkbox"/>  Up Grade <input type="checkbox"/>
Names				
Surname				
Position / Function				
Physical Address				Tel
Postal Address				Tel
Cell		E-Mail		ID No.

**B: METROLOGY DISCIPLINE AND LEVEL OF CERTIFICATION SOUGHT**

Trainee Metrologist <input type="checkbox"/>	Metrologist <input type="checkbox"/>	Expert Metrologist <input type="checkbox"/>	
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	<i>Trainee Metrologist</i>	<i>Metrologist</i>	<i>Expert Metrologist</i>		<b>Total No of Years in Metrology ►</b>
Dimensional	<input type="checkbox"/>	<input type="checkbox"/> G01-M	<input type="checkbox"/> G01-E		
Electrical	<input type="checkbox"/>	<input type="checkbox"/> G02-M	<input type="checkbox"/> G02-E		
Mass	<input type="checkbox"/>	<input type="checkbox"/> G03-M	<input type="checkbox"/> G03-E		
Temperature	<input type="checkbox"/>	<input type="checkbox"/> G04-M	<input type="checkbox"/> G04-E		
Humidity	<input type="checkbox"/>	<input type="checkbox"/> G05-M	<input type="checkbox"/> G05-E		
Pressure	<input type="checkbox"/>	<input type="checkbox"/> G06-M	<input type="checkbox"/> G06-E		
Force	<input type="checkbox"/>	<input type="checkbox"/> G07-M	<input type="checkbox"/> G07-E		
Torque	<input type="checkbox"/>	<input type="checkbox"/> G08-M	<input type="checkbox"/> G08-E		
Hardness	<input type="checkbox"/>	<input type="checkbox"/> G09-M	<input type="checkbox"/> G09-E		
Time & Frequency	<input type="checkbox"/>	<input type="checkbox"/> G10-M	<input type="checkbox"/> G10-E		
Radio Frequency	<input type="checkbox"/>	<input type="checkbox"/> G11-M	<input type="checkbox"/> G11-E		
Fibre Optics	<input type="checkbox"/>	<input type="checkbox"/> G12-M	<input type="checkbox"/> G12-E		
Radiation	<input type="checkbox"/>	<input type="checkbox"/> G13-M	<input type="checkbox"/> G13-E		
Acoustics	<input type="checkbox"/>	<input type="checkbox"/> G14-M	<input type="checkbox"/> G14-E		
Vibration	<input type="checkbox"/>	<input type="checkbox"/> G15-M	<input type="checkbox"/> G15-E		
Fluid Dynamics	<input type="checkbox"/>	<input type="checkbox"/> G16-M	<input type="checkbox"/> G16-E		
Photometry	<input type="checkbox"/>	<input type="checkbox"/> G17-M	<input type="checkbox"/> G17-E		
Radiometry	<input type="checkbox"/>	<input type="checkbox"/> G18-M	<input type="checkbox"/> G18-E		
Volume	<input type="checkbox"/>	<input type="checkbox"/> G19-M	<input type="checkbox"/> G19-E		
Gas Metrology	<input type="checkbox"/>	<input type="checkbox"/> G20-M	<input type="checkbox"/> G20-E		
Gas Flow	<input type="checkbox"/>	<input type="checkbox"/> G21-M	<input type="checkbox"/> G21-E		
Liquid Flow	<input type="checkbox"/>	<input type="checkbox"/> G22-M	<input type="checkbox"/> G22-E		
Other discipline(s)	<input type="checkbox"/>	<input type="checkbox"/> G23-M	<input type="checkbox"/> G23-E		

**Specify other discipline(s):-**

**C: EDUCATION AND QUALIFICATIONS**

**Please submit certificate of completion**

Year	School <i>(Complete only if no higher education)</i>	Level e.g. matric
Year	College/Univ. of Technology /University	Qualification e.g. Degree, Diploma or Certificate or Certificate or highest level obtained

**D: Additional Relevant Training** e.g. courses (Quality & Technical) list all short duration courses

**Please submit certificate of completion or certificate of attendance.**

Year	Training Provider		Course attended and/or certificate obtained	Duration (Days)	MetCert Attendance/ Exam(s) Passed
		<b>CORE</b>	ISO/IEC 17025 System Course		
			Introduction to Measurement		
			Uncertainty of Measurement (Physical)		
			Method Validation (Calibration)		
		<b>Metrology Discipline(s)</b>			
		<b>OTHER</b>			

**E: Current membership of Professional Institutions**

Year	Institution	Membership Grade

Member of the NLA	Y	N	Corporate Membership <input type="checkbox"/>	Individual Membership <input type="checkbox"/>
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**F: CODE OF CONDUCT**

In applying for certification with the NLA Metrologists Certification scheme, I recognise the important role that laboratories play in performing tests and calibrations for industry and consumers in South Africa and the SADC region in general. I hereby commit myself to the highest ethical and professional standards and agree to the following :-

- to accept responsibility for the performance of the tests and calibrations carried out by myself and to respect the confidentiality thereof;
- to promptly advise clients of measurement results which indicate a potential or inherent environmental, health, safety, or any other related risk with the product or material submitted by the client;
- to avoid real or perceived conflicts of interest whenever possible and to disclose them to the affected parties when they do exist;
- to be honest and realistic in stating claims or estimates based on available data;
- to reject bribery in all its forms;
- not to knowingly falsify or alter measurement data, provide misleading information or conduct work below the standard expected by regulations or general industry expectations;
- to improve the understanding of technology and the appropriate application thereof together with any potential consequences;
- to maintain and improve technical competence and to undertake tasks only if qualified by training or experience or after full disclosure of pertinent limitations;
- to seek, accept and offer honest criticism of technical work performed and to acknowledge, correct errors and to properly credit the contributions of others;
- to treat fairly all persons regardless of such factors as race, religion, gender, disability, age or national origin;
- to avoid injuring others, their property, reputation or employment by false or malicious action;
- to assist colleagues and co-workers with their professional development;
- to protect and preserve the corporate image and reputation of the NLA;
- to protect and preserve the assets both physical and intellectual of the NLA;
- to support all members of the NLA in following this code of conduct;

I understand that the NLA may withdraw my certification with immediate effect, should I be found in contravention of any of the above principles.

.....  
Printed Name

.....  
Signature

.....  
Date

**G00: EXPERIENCE** *(Please indicate detail of relevant experience for approval sought)*

**Note!**

As an option an applicants may submit a CV.

The CV must be clear, unambiguous and detail all information / requirements

Date (from)	Date (to)	Name of Employer and nature of Business <i>(last five positions, most recent first)</i>	Position held and detail of work performed <i>(Indicate experience in performing technical work, quality assurance)</i>

**Use addition sheet(s) if required – (CV optional, see note above)**

**Additional Motivation** *(Information pertinent to this application)*

<p><b>I hereby declare that the above information is a true statement of facts.</b></p> <p>Name:</p> <p>Signature:</p> <p>Date:</p>	<p><b>Application is supported by Head of Lab or Registered Metrologist</b></p> <p>Name: Signature:</p> <p>Position:</p> <p>Date:</p>
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