



**ISO 21001 APPLICATION FORM**  
**CONIES COUNCIL ON INTERNATIONAL HIGHER EDUCATION SUPERVISION**  
**ICHE INTERNATIONAL CONFEDERATION OF HIGHER EDUCATION**

# ISO 21001:2018 APPLICATION FORM

Return this form by email to CONIES Council on Higher Education Supervision Board of Accreditation.

<b>Type of application</b>		
Initial certification		(Yes or No)
Recertification		(Yes or No)
Change the scope of an existing certification		(Yes or No)
Transfer of an existing certification		(Yes or No)
<b>Headquarter of the educational organization</b>		
Company		
Street + number		
City & Postal Code (ZIP)		
Country		
website		
CEO	(Enter given name + surname)	
Phone (+country code + number)		
Email		
<b>Billing address, if different from above</b>		
Company		
Street + number		
City & Postal Code (ZIP)		
Country		
<b>Contact person</b>		
Given name + surname		
Position		
Street + number		
City & Postal Code (ZIP)		
Country		
Phone (+country code + number)		
Email		
<b>Information on the educational organization</b>		
Which educational services are offered?		
In which area are the customers represented?		e.g. higher education, professional education
Comments		



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<b>Was an external consultant involved during the development of the management system?</b>	
Yes	No
If yes, pls, indicate the company and consultant	
Company	
Consultant	
<b>Number of employees</b> (full-time) within the scope of requested certification?	
<b>How many sites/locations should be certified in total?</b> Pls fill out page 3 per site	
<b>Group certification requires the following conditions</b>	
All sites work in accordance with a uniformly managed management system	(Yes or No)
At least one central management representative is in charge	(Yes or No)
Internal audits of all sites are evaluated centrally	(Yes or No)
The central office has legal or contractual access to all locations	(Yes or No)
Similar or consecutive educational services are offered at all locations	(Yes or No)
<b>Should all sites/locations be listed on one single certificate?</b>	(Yes or No)
Please suggest the desired text of the certificate after successful certification	
Desired calendar week or date of audit	
Place and date	
Given name + surname	
Signature Confirming the validity of this statement	

**Declaration: (To be made by the Principal)**

1. I declare that the information provided in this application is correct and all supporting documents are genuine and accurate.
2. I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.
3. I am prepared to accept the final decision of CONIES Board of Accreditation as to the outcome of this application.
4. I agree to indemnify CONIES Board of Accreditation against all claims, demands, expenses and complaints arising from inaccuracies in the information given by me above.
5. I agree to inform CONIES Board of Accreditation of any changes in the ownership of the institution or senior management, or significant variation in the academic program, which occur more than three months before the scheduled date for renewing the institutions CONIES Board of Accreditation membership.
6. I accept that the term " CONIES Member " means that my institution is a member of CONIES, and I undertake not to represent my institution as enjoying this recognition before it has been granted nor after it has been withdrawn or suspended.
7. I understand that failure of continuing compliance with the membership criteria may lead to the removal of my membership by CONIES.



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<b>Pls, fill this table for each site/location</b>	
Registered Office	
<b>Address of the site/location</b>	
Company	
Street + number	
City & Postal Code (ZIP)	
Country	
<b>Type of location</b>	
Headquarter	(Yes or No)
Branch Office Site where staff is regularly available for preparation and implementation of educational service, counseling, follow-up, administrative activities	(Yes or No)
Training Center Site where educational services are provided exclusively	(Yes or No)
<b>Already existing certifications at this site (pls, attach as copy)</b>	
Certification body	
Standard	
Valid until	
<b>Total number of employees on site</b>	
<b>Comments</b>	

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**CONIES Council on International Higher Education Supervision LLC.**  
 Delaware State File Number: 4154700