



# Application/Enrollment Form BASE INTERNAL AUDITOR TRAINING

**Blended Learning:** This course includes a combination of online learning and virtual workshops with instructor-led training and assessment activities during and after the course. Review the course [webpage](#) carefully to understand the commitment required. Participant applications will be reviewed and approved prior to acceptance into the training. Upon acceptance you will be provided with the next steps, including information regarding how to access the online training, and details about your workshop schedule.

**Online Learning: Approximately 14 hours (estimated); must be completed prior to the start of the virtual workshops.**

<b>Instructor-Led Virtual Workshop Dates:</b>			
<b>April 7-11, 2025</b> (schedule with designated 7 hour commitment will be provided)			
<b>Participant Information</b> <i>(complete fully and print clearly)</i>			
Legal First Name		Legal Middle Name	
Legal Last Name			
Nickname (if applicable)		Former Name (e.g., maiden name)	
Birthdate (mm/dd/year)		____ / ____ / ____	
Mailing Address (street and/or PO box)		City/Town	
Province, Postal Code			
Phone Number		Personal/Cell Phone	
Email Address			
<b>Company Information</b>			
<input type="checkbox"/> Employer's Company Name		OR <input type="checkbox"/> Your Own Company Name	
WorkSafeBC Account Number			
Legal Name of Company		Company Trade Name or "Operating As" Name	
Mailing Address (Street; PO Box)		City/Town	
Province, Postal Code			
Phone Number		Fax Number	
Email Address			
<b>Work Activity</b> <i>(full-phase logging; silviculture; road building; engineering; other: please indicate)</i>			

**Note: please provide your payment information on the last page**



**BASE Auditor Candidacy Competency Matrix**

Parameter	Pts	Scoring	Minimum for Internal	Minimum for External	Maximum Possible
<b>Education</b>	1	Grade 12 Equivalency	<b>1</b>	<b>1</b>	<b>46</b>
	2	Points per two-year post-secondary diploma or certificate in progress In any field Max 2 points			
	4	Points per completed two-year post-secondary diploma or certificate In any field Max 8 points			
	5	Points per four-year post-secondary degree in progress In any field Max 5 points			
	10	Points per completed four-year post-secondary degree In any field Max 30 points			
<b>Industry Work Experience (in any role)</b>	1	Points per whole year Max 10 points	<b>2</b>	<b>2</b>	<b>12</b>
	1	Points per whole quarter employed by or consulting at BCFSC as a reviewer and/ or advisor. Max 2 points			
<b>Experience in Current Company (including consulting company / owner)</b>	1	Points per whole year Max 10 points	<b>1</b>	<b>2</b>	<b>12</b>
	1	Points per whole quarter employed by or consulting at BCFSC as a reviewer and/ or advisor. Max 2 points			
<b>Safety Training and Experience</b>	1	Points per year or part thereof where safety is >49% of your responsibilities Max 10 points	<b>2</b>	<b>5</b>	<b>46</b>
	1	Points per week-equivalent OHS specific training course. Max 5 points.			
	5	Points per year-equivalent OHS-specific post-secondary education Max 20 points			
	1	Current CHSC designation			
	10	Current CRSP designation			
<b>Auditing Experience</b>	0.1	Points per SEBASE / ISEBASE audit performed or reviewed Max 3 points	<b>0</b>	<b>5</b>	<b>24</b>
	1	Points per BASE audit performed Including as a team member Including full and verification Excluding Administrative audits Max 5 points			
	1	Points per large employer COR audit performed for a BC Certifying Partner other than BCFSC Max 5 points			
	1	Points per OHSAS18001 audit lead Max 5 points			
	1	Points per ISO14001 audit lead Max 3 points			
	1	Points per ISO9001 audit lead Max 1 points			
	2	Points per OHS course with auditing content (i.e. ISO auditor, BCIT diploma, CRSP designation). Max 2 points			
<b>Minimum Total</b>			<b>10</b>	<b>20</b>	<b>140</b>

## AUDITOR BACKGROUND INFORMATION

Complete the following information and score your prerequisites in the 'your score' column according to the **BASE Internal (IA)/External (EA) Auditor Candidate Competency Matrix** on page 2 of this form. The BC Forest Safety Council will assign a final review score. Meeting minimum requirements does not guarantee a seat in a particular course.

Information (include designations, training certifications, etc.)		For BCFSC Use Only
<b>Work Experience in Current Industry</b>		
<b>Experience in Current Company</b>		
<b>Safety Training and Experience</b>		
<b>Auditing Experience</b>		
<b>Education</b>		

## Required writing sample

- Write one page (250 – 300 words) about “why I would be a good Internal Auditor”.

*Attach this writing sample page to your application email submission.*

## Participation in Internal Auditor Training – Workshop Session & Student Audit:

- I am active in my company's business operations and have knowledge of our health and safety program.
- I acknowledge that the BASE 4 audit tool and training course are electronic. I understand I need a personal device (laptop, tablet) that runs Microsoft Word 2010 or newer, to use during the session and as an Auditor.
- I understand that I will be issued online access and am required to complete this training prior to attending the workshop.
- I confirm that I am a permanent employee of this company or that they have declared me as a dependent contractor on their SAFE Companies registration.
- I understand that I can only conduct maintenance audits for my current employer.
- I will be available to perform my company's internal maintenance audit (a 5-10 day commitment, depending on company size, including field work and report writing) after attending and completing the course (within 3 years).
- I will be available for my competency conversation (maximum 90 minutes) within 14 days of the course. Conversation gaps must be completed within 3 months.

Date:	
I confirm that the above information is accurate:	

(Applicant's Signature – digital acceptable)

Payment Details	
<b>Session Fee:</b>	<input type="checkbox"/> <b>\$525.00</b> (\$500.00 + \$25.00 GST)
<b>Payment Method:</b>	<input type="checkbox"/> <b>Enclosed Cheque</b> (payable to BC Forest Safety Council) <input type="checkbox"/> <b>VISA</b> <input type="checkbox"/> <b>MasterCard</b>
Name on Card	Expiry Date (MM, YY)
Credit Card Number	
Cardholder's Signature	

*Your company, personal and financial information is only used for purposes of course enrollment and program management. Confidential information will not be disclosed to third parties. Your information is valuable, and we ensure all reasonable measures are taken to protect it.*

<p>Send completed form to BC Forest Safety by email: <a href="mailto:safeco@bcforestsafesafe.org">safeco@bcforestsafesafe.org</a></p> <p>Questions? Call us toll-free: 1-877-741-1060</p>
<p><b>IMPORTANT NOTES:</b></p> <p>A) If minimum enrollment is not met two weeks prior to a course start date, we reserve the right to cancel the session and reimburse paid registrants.</p> <p>B) Please notify us as soon as possible if you need to withdraw or reschedule your enrollment.</p> <p>C) Refunds or credits will not be issued for 'No Shows.' The only exception to this is for unplanned emergencies / illness.</p>