

EQUASS Assurance Registration Form 2012 - 2013

Organisation name:

Post address :

Zip code:

City:

Country:

Phone:

Email address:

Website:

Chief Executive
Officer:

Contact person
and function:

N° of sites to be
audited¹:

N° of FTE² staff:

VAT Number:

Scope of the Audit

Scope of the
application
(services to be
audited):³

EQUASS Assurance Audit

Please select the **preferred week** of your EQUASS Assurance audit:

2012

2013

Signature Please fill in this form, print it and have it signed by the Chief Executive officer.

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Please send this form by email to equass@equass.be

¹ If the travel time between all locations is less than 30', it shall be considered as one site.

² FTE : Full-time equivalents (Staff)

³ Examples: Vocational rehabilitation unit, emergency homeless services, respite care service, early intervention department...