

Ref No.

Contaminated sites auditor scheme

*Contaminated Sites Regulations 2006 regulations 39(1)(b) and 45(2)(a)*

Form D: Supporting expert details

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| Please provide the details of your **supporting experts**. This form is to be prepared **by the auditor** or **applicant for accreditation** as relevant. |

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| **Part 1 Auditor/Applicant details** |
| Full name |   |
| Contact address |   |
| Postal address (if different from above) |   |
| Telephone |   |
| Mobile |   |
| Fax |   |
| Email |   |
| Current employer(company name) |   |
| Reason form is being submitted | [ ]  Application for accreditation [ ]  Updated details for supporting experts |

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| **Part 2 Supporting expert details** |
| Please provide the following information for each supporting expert. If you have more than four supporting experts, please duplicate this page and attach. |
| **Team member 1** |
| Full name |   |
| Contact address |   |
| Postal address (if different from above) |   |
| Telephone |   |
| Mobile |   |
| Fax |   |
| Email |   |
| Current employer(company name) |   |
| Specialism |   |
| Curriculum vitae attached? | [ ]  Attached |
| Statement signed by the nominated supporting expert agreeing to provide the specified services to the auditor/applicant | [ ]  Attached |
| **Team member 2** |
| Full name |   |
| Contact address |   |
| Postal address (if different from above) |   |
| Telephone |   |
| Mobile |   |
| Fax |   |
| Email |   |
| Current employer(company name) |   |
| Specialism |   |
| Curriculum vitae attached? | [ ]  Attached |
| Statement signed by the nominated supporting expert agreeing to provide the specified services to the auditor/applicant | [ ]  Attached |
| **Team member 3** |
| Full name |   |
| Contact address |   |
| Postal address (if different from above) |   |
| Telephone |   |
| Mobile |   |
| Fax |   |
| Email |   |
| Current employer(company name) |   |
| Specialism |   |
| Curriculum vitae attached? | [ ]  Attached |
| Statement signed by the nominated supporting expert agreeing to provide the specified services to the auditor/applicant | [ ]  Attached |
| **Team member 4** |
| Full name |   |
| Contact address |   |
| Postal address (if different from above) |   |
| Telephone |   |
| Mobile |   |
| Fax |   |
| Email |   |
| Current employer(company name) |   |
| Specialism |   |
| Curriculum vitae attached? | [ ]  Attached |
| Statement signed by the nominated supporting expert agreeing to provide the specified services to the auditor/applicant | [ ]  Attached |