# **APPLICATION FORM FOR ACCREDITATION**

### Notes to applicants

1. Answer all questions (if not applicable, clearly mention N/A).

2. Reply in the following format.

3. Retain a copy of your complete submission.

4. If a joint venture is proposed, all mine action organizations involved are to submit the required information.

5. Project financial data is to be given in US Dollars (\$US) unless otherwise requested.

	CONTENT			
SECTION	Requirements			
1	Structure and Organization			
2	Financial Statement			
3	Joint Venture Information			
4	Resources - Personnel			
5	Resources - Equipment and Facilities			
6	Resources - Other			
7	Experience - Geographical and Relevant Mine Action Experience			
8	Experience - Ongoing Relevant Mine Action Activities and Projects			
9	Other Information			

### 1. Structure and organization

### 1.1 Mine action organization details

Name of organization:	
Mailing address:	
Telephone:	
Telefax:	
E-mail:	
Website URL:	
Mine action organization	
Registration Number:	

### 1.2 Structure

Insert details and organizational diagram, including names.

### 1.3 Proposed in-country representation

Include details of proposed mine action organization structure in-country, including arrangements for subcontractors or joint ventures.

Do not include full details of Joint Venture organizations. Complete Section 3 with this information.

### 1.4 Technical information

This refers to the experience of the mine action organization and not any individuals employed by it.

AREA	DETAILS
Years experience in mine action	
	Specific areas
Survey (Impact & Technical):	
Manual clearance:	
Mine detection dogs:	
Mechanical clearance:	
Explosive Ordnance Disposal	
(EOD) & Battle Area Clearance	
(BAC):	
Mine Risk Education:	
Victim Assistance:	
Others:	

1.5 Project management capability

Explain the organization's background capability and methodology for project management.

1.6 Logistic planning procedures

*Explain the organizations policy and methodology for logistic planning. This should include details of procurement, equipment evaluation, maintenance and repair schedules.* 

### 1.7 Standard Operating Procedures

Provide copy of organization's SOPs.

1.8 Quality management policy

Provide a copy of organization's quality policy as per the requirements of IMAS 07.12 and Sudan SNMAS 07.01

1.9 Gender policy and related requirements

Explain and provide evidence of the organization's gender and diversity policy and procedures. .

1.10 Safety and occupational health

### Annex A to SNMAS 07.02 Accreditation Application Form

Describe and provide evidence to support the organization's safety and occupational health policy.

### 1.11 Existing accreditation

ISO:	
National:	
National Mine Action Authorities:	
(List current and/or past	
accreditation with other NMAA)	
Others:	

### **2.** Financial Statement

#### 2.1 Capital (\$US)

<sup>1</sup> Capital	
Authorized	
Issued	

### 2.2 Annual value of recent mine action work (\$US)

COUNTRY	PROJECT	201-	201-	201-	REMARKS

#### 2.3 Insurance

*Provide details of insurance coverage, for staff life, medical and third party liability insurance. If self-insured then provide financial evidence of compliance with SNMASs.* 

#### 2.4 Litigation record

Provide the organization's history of litigation or arbitration from contracts executed in the last five years or currently under execution. Please indicate for each case year, name of employer, cause of litigation, matter in dispute, disputed amount and whether the award was for or against the organization.

# **3.** Joint Venture Proposals

*If the organization intends to enter into a joint venture for the project, please provide the following information, otherwise state "not applicable".* 

3.1 Mine action organization details

<sup>&</sup>lt;sup>1</sup> Authorized capital refers to the amount allocated to be used in intended investment and issued refers to the amount used so far.

Name of organization:	
Mailing address:	
Telephone:	
Telefax:	
E-mail:	
Website URL:	
Mine action organization	
Registration Number:	

### 4. Resources - Personnel

### 4.1 Proposed Personnel / Management Experience

Describe the formal qualifications and experience of the HQ management team and technical staff.

POSITION	STATUS (INT/NAT)	NAME	QUALIFICATIONS	EXPERIENCE
Project/Programme				
Manager				
<b>Operations Manager</b>				
Technical Supervisor(s)				
Quality Manager				
Admin, Human				
Resource Manager				
logistics Manager				
Medical Manager				
Others				

### 4.2 Management training programmes

Describe and provide evidence to support any organizational management training programmes.

4.3 Employees skills development programmes

Describe and provide evidence to support the organization's employee skills development programmes.

### 5. Resources - equipment and facilities

Indicate the mine action and or demining equipment and facilities considered by the organization to be necessary for the undertaking of mine action activities in Sudan. Indicate whether this is already in the mine action organization's ownership or will be purchased, leased (based on the right of use) or receive as donation. Specify the name donor and confirmation of donation.

# 6. Resources - Others

If it is foreseen that any part of the contract will be sub-contracted, state the type of work to be undertaken by the sub-contractor(s) and, if known, give the name and address of the sub-contractor(s) to be used.

### 6.1 Mine action sub-contracted organization details

Name of organization:	
Mailing address:	
Telephone:	
Telefax:	
E-mail:	
Website URL:	
Mine action organization	
Registration Number:	

# 7. Experience - geographical

*List all countries in which mine action work has been undertaken. The name of the Contracting & Donor/Funding Body Reference shall be included in the Remarks column:* 

COUNTRY	PROJECT/PROGRAMME	YEAR	VALUE (\$USD)	REMARKS

### 8. Experience - ongoing relevant mine action projects and activities

List all countries in which mine action activities are currently being undertaken:

COUNTRY	PROJECT/PROGRAMME	YEAR	VALUE (\$USD)	REMARKS

### **9.** Other relevant information (optional)

I certify that all information stated in this application is true and complete to the best of my knowledge. I authorize NMAC to verify the information provided in the application. I understand that any misstatements may lead to not processing of organizational accreditation.

Signed:

Appointment:

Date: