



FROM: Plexus International

Please complete the attached application form, as well as the registration form, as soon as possible (so we may qualify you for the course and mail confirmation to you). You can send by fax: 612-238-1218, by email: pthiel@plexusintl.com, or by mail: Plexus International attention: Pete Thiel, Registration coordinator, Plexus International, 5550 Nicollet Avenue, Minneapolis, MN 55419. Please call Plexus at 888-753-9871 with any questions.

**Note: You are not considered registered for this course until Plexus receives the application information below.**

*Expectations and Guidelines:*

- Evening work should be an expected part of the course.
- Scheduled refreshment breaks will be the only breaks provided during the classroom portion to complete necessary phone calls.
- Participants are encouraged to stay at the designated hotel or conference center due to evening activities, assignments, and networking.
- Casual dress is appropriate for the course.
- Allow extra space in your luggage for trainer materials you will receive

**Plexus Trainer/Coach Training Application Information:**

The following application is used to evaluate your quality systems, technical, training, assessing, and auditing background. A review of each application will result in one of three classifications:

- 1) Accepted for training (Full acceptance)
- 2) Accepted for training (Internal Only acceptance)
- 3) Not accepted for training

***Accepted for training will be further classified into for acceptance categories:***

1. Plexus ISO 9001 Trainer/Coach Training
2. Plexus ISO 14000 Trainer/Coach Training
3. Plexus ISO/TS 16949 Trainer/Coach Training
4. Plexus AS 9100 Trainer/Coach Training

***Upon completion of the course you will receive one trainer guide (included in the cost of the training). Please select the trainer guide you would like to receive:***

ISO 9001       ISO 14000       ISO/TS 16949       AS 9100

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Sponsoring Organization: \_\_\_\_\_

Preferred Mailing address:     Home     Business

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Highest Education completed: High School, College 1 2 3 4 5 6 6+

Degree Field: \_\_\_\_\_

**Auditing Certification and Experience**

- Yes  No Passed a Lead Auditor course. Type(s): \_\_\_\_\_
- Yes  No Passed an Internal Auditing course. Type(s): \_\_\_\_\_
- Yes  No Registered Auditor
- Yes  No Registered Lead Auditor
- Yes  No Certified Registrar Auditor

(Attach certification copy for the above)

Approx. number of external (second and/or third party) audits performed as a team member: \_\_\_\_\_ Type(s): \_\_\_\_\_  
 Approx. number of internal audits performed: \_\_\_\_\_ Type(s): \_\_\_\_\_

**Training and Certification Experience**

- Yes  No Trainer in one or more of the following areas: Quality Control, Quality Assurance, Quality Systems, and Quality Management Standards/Requirements. Please list: \_\_\_\_\_
- Yes  No Trained courses relating to QS-9000 or ISO/TS 16949. Briefly list subjects and numbers: \_\_\_\_\_
- Yes  No Trained courses relating to the "7-Pack" (FMEA, APQP, PPAP, MSA, SPC, QSA) or "Core Tools" (in addition to ISO/TS 16949:2002). Briefly list subjects and numbers: \_\_\_\_\_
- Yes  No Trained courses relating to ISO 9000. Briefly list subject and numbers: \_\_\_\_\_
- Yes  No Trained courses related to TE Supplement (could include Reliability, Maintainability, Qualification Runoff, etc.): \_\_\_\_\_

Give a brief explanation of your experience in different training settings (i.e. open enrollment, on-site, individualized instruction, mentoring, tutoring, distance learning, coaching): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ISO 9000, ISO 14000, ISO/TS 16949, AS9100, TE Supplement and Core Tools Experience**

- Yes  No Led an organization through the process of implementing the \_\_\_\_\_ Standard(s).
- Yes  No A member of an organization during the implementation of the \_\_\_\_\_ Standard(s).

Check the box (one per Standard, Requirement or Tool) that best reflects your level of practice:

Standard Req. or Tool	Creation/Leadership Experience	Application and/or Training Experience	Usage Experience	Conceptual Understanding	No Experience
ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISO 14000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISO/TS 16949	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS9100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TE Supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APQP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FMEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R&M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Trainer/Coach Application Information**

In the space provided, please describe other qualifications and/or experience that you believe would add to your application but have not been adequately examined by the application (this section is optional).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_