



Section 1 – User Account Details

First Name:	
Surname:	
Position Title:	
Phone:	
Email:	
Facility Name:	
Accreditation/ Site Number:	
Full Address:	

Section 2 - Details of Access Required (if more than one site)

Details of the Sites User needs access to

Section 3 – Your Facilities' areas of interest

You will be able to access publications and news via My Publications and My News once you've logged onto Members Portal. The system will automatically notify you should there be any new or modifications to publications and news, keeping you well informed.

You can choose to subscribe to the document update notification below:
(you can view the documents on the [NATA Portal](#))

- General NATA Documents General Accreditation Forms
 General Accreditation Criteria and Guidance

Specific Accreditation Criteria and Guidance:

<input type="checkbox"/> Testing and Calibration (ISO/IEC 17025) <input type="checkbox"/> Agribusiness <input type="checkbox"/> Animal Health <input type="checkbox"/> Calibration <input type="checkbox"/> Environment <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Healthcare, Pharmaceuticals and Media Products <input type="checkbox"/> Human Testing for Workplace and/or Community Screening <input type="checkbox"/> Infrastructure and Asset Integrity <input type="checkbox"/> Legal (including Forensic Science) <input type="checkbox"/> Materials <input type="checkbox"/> Manufactured Goods	<input type="checkbox"/> Human Pathology(ISO 15189) <input type="checkbox"/> Inspection (ISO/IEC 17020) <input type="checkbox"/> Proficiency Testing Scheme Providers(ISO/IEC 17043) <input type="checkbox"/> Reference Materials Producers (ISO 17034) <input type="checkbox"/> Medical Imaging (RANZCR Standards) <input type="checkbox"/> Sleep Disorders Services (ASA Standards) <input type="checkbox"/> OECD Principles of Good Laboratory Practice <input type="checkbox"/> Research and Development
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Section 4 – User Agreement to abide by NATA’s privacy & terms of use

Note – privacy and terms of use are accessible from NATA’s website and Members Portal home page.

Full Name:			
Signature:		Date:	

Section 5 – Approval by your Facilities’ Authorised Representative

Full Name of Authorised Rep:			
Authorised Rep Signature:		Date:	

Section 6 – Submitting your request

Please submit this request via:

1. Members Portal (if you already have an account), or
2. Email to your Client Coordinator, or
3. Email to records@nata.com.au

NATA OFFICE USE ONLY

Date Received:	
Processed by:	
User notified on:	
Comments:	