



## **ISO 9001:2015 QUALITY MANAGEMENT SYSTEMS** **6<sup>th</sup> – 7<sup>th</sup> AUGUST 2024 ONLINE**

### **COURSE CONTENT**

#### **1. Scope**

#### **2. Normative references**

#### **3. Terms and definitions**

#### **4. Context of the organization**

- 4.1 Understanding the organization and its context.
- 4.2 Understanding the needs and expectations of workers and other interested parties
- 4.3 Determining the scope of the quality management system
- 4.4 Quality management system and its processes

#### **5. Leadership**

- 5.1 Leadership and commitment.
- 5.2 Quality policy
- 5.3 Organizational roles, responsibilities, and authorities

#### **6. Planning**

- 6.1 Actions to address risks and opportunities
- 6.2 Quality objectives and planning to achieve them.
- 6.3 Planning of changes

#### **7. Support**

- 7.1 Resources.
- 7.2 Competence
- 7.3 Awareness
- 7.4 Communication
- 7.5 Documented information

#### **8. Operation**

- 8.1 Operational planning and control
- 8.2 Determination of requirements for products and services.
- 8.3 Design and development of products and services
- 8.4 Control of externally provided products and services.
- 8.5 Production and service provision
- 8.6 Release of products and services.
- 8.7 Control of nonconforming process outputs, products, and services

#### **9. Performance evaluation**

- 9.1 Monitoring, measurement, analysis, and evaluation
- 9.2 Internal audit.
- 9.3 Management review

#### **10. Improvement**

- 10.1 General
- 10.2 Nonconformity and corrective action
- 10.3 Continual improvement

# BOOKING & REGISTRATION

## QUALITY MANAGEMENT SYSTEMS ISO 9001:2015

### 6<sup>th</sup> – 7<sup>th</sup> August 2024 ONLINE

COMPLETE THE FORM TO RESERVE YOUR PLACE AND EMAIL IT TO [admin@libertypro.co.za](mailto:admin@libertypro.co.za) or call +27 74 218 6757

	Fee per delegate each excl Vat
ONLINE	R5999
PUBLIC	
IN-HOUSE	From 7+ delegates

#### DELEGATE DETAILS

DELEGATE NAME:		DELEGATE NAME:	
DESIGNATION:		DESIGNATION:	
EMAIL:		EMAIL:	
DELEGATE NAME:		DELEGATE NAME:	
DESIGNATION:		DESIGNATION:	
EMAIL:		EMAIL:	

#### COMPANY DETAILS

COMPANY NAME:	
PHYSICAL ADDRESS:	
BUSINESS POSTAL ADDRESS:	
POSTAL CODE:	
TEL NUMBER:	

#### PAYMENTS

Please email a copy of the bank transfer or deposit slip payments

##### Account details:

BANK: **STANDARD BANK**  
ACCOUNT NAME: **LIBERTY PRO**  
ACCOUNT NUMBER: **10193466919**  
BRANCH: **JOHANNESBURG**  
BRANCH CODE: **051001**  
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#### AUTHORISATION

Signatory must be authorized to sign on behalf of contracting organization.

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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DATE: / /

#### TERMS AND CONDITIONS

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#### PAYMENTS ARE REQUIRED WITHIN 5 DAYS OF INVOICE

Please note: All public course fees include lunch, refreshments (non-alcoholic) and conference/workshop documentation. FEES DO NOT INCLUDE ACCOMMODATION, AIRFARE OR TRANSFERS. Delegates should make arrangements well in advance and may call us should they require assistance on making such bookings.