

PART P SCHEME APPLICATION FORM

1 BUSINESS

Trading Title of Business:

(exactly as shown on business stationery)

Address:

Postal Town:

County:

Postcode:

Company Registration No:

Contact Name:

Business Mobile:

Business Telephone No:

Business Email:

Website:

Does your business engage in domestic electrical installation work in England and Wales?

Yes No

Do you have other business addresses/trading titles?

If 'Yes', do they undertake electrical installation work?

If 'Yes', please give their full address(es) and contact name(s):

Does your business subcontract (outsource) any of its activities?

If yes, please detail the activity: (Examples: Scaffolding, Design etc.)

2 PROPOSED PRINCIPAL DUTY HOLDER

Name:

Signature:

Date:

Contact no:

Email:

3 PROPOSED QUALIFIED SUPERVISOR

Same as above:

Name:	Signature:	Date:
Contact no:	Email:	

4 APPLICATION CHECKLIST

Please indicate the areas of installation work that your business is engaged in:

Domestic Commercial Industrial Other

Please answer the questions below to provide an indication of your company's current level of compliance with scheme requirements:

The Business:	Yes	No
Has a proposed Qualified Supervisor or equivalent, who is well versed in all applicable Building Regulations and Technical Standards, satisfies minimum technical training requirements and will represent the organisation at the assessment visit.	<input type="checkbox"/>	<input type="checkbox"/>
Holds copies or has access to the Building Regulations and other applicable standards/specifications relating to this application.	<input type="checkbox"/>	<input type="checkbox"/>
Has public liability insurance and employers liability insurance (as appropriate).	<input type="checkbox"/>	<input type="checkbox"/>
Understands the need to provide a warranty to domestic installation customers in England and Wales.	<input type="checkbox"/>	<input type="checkbox"/>
Has and maintains suitable tools and equipment for all installation work.	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to accept an appointment with less than six weeks' notice.	<input type="checkbox"/>	<input type="checkbox"/>

5 DECLARATION

I confirm that all information provided on this application form is true and accurate and includes all relevant material facts.

I confirm the business undertakes works within the scope of the regulations for which it is applying and will provide access to a reasonable sample of such works to demonstrate compliance.

I understand the application fee is not refundable.

I confirm that I have read, understood and will comply with the appropriate Scheme Rules to Registration which can be found at www.elecsa.co.uk or on request.

Name:	Signature:	Date:
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Note: ELECSA will make available to other interested parties (e.g. LABC and relevant Government Departments) the names of former members whose membership has been terminated by the scheme and the reason for termination. This applies where the reasons for termination of registration relate to non-compliance with the Building Regulations or a breach of scheme rules. The names of such former members shall remain available for a period of at least two years.

6 PAYMENT Please refer to the appropriate fee sheet

I wish to pay the application fee by cheque

I enclose a cheque made payable to ELECSA for: Cheque number:

Alternative payment methods available:

For BACS payments Sort Code 40-01-08, Account Number 41370340.

To pay by debit or credit card please call 0333 015 6626

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