

H&VCA Membership Number _____
Office Use Only



Heating & Ventilation Certification Associates Ltd

Accreditation Membership Application

This form must be filled in to the best of your knowledge, information and belief.

Failure to do so or failure to disclose any relevant information will prejudice the application for membership of Heating & Ventilation Certification Associates Ltd (H&VCA Ltd) Energy Assessors Accreditation Scheme and will lead to disciplinary action in the future, which could result in withdrawal of membership.

This form requests information which relates to your eligibility to be an Energy Assessor. If you are assessed not to meet the eligibility criteria then there is an appeals procedure which you can use if you want to appeal against this assessment.

We reserve the right to come back to you to ask for further information.

Please ensure that you have completed all sections of this form and that you have enclosed the accompanying documents and membership fee (if applicable).

If you need help to complete this application form or if you have any questions, or comments about the form that you would like to pass on, then please call us on 01704 874800 or email us at

accreditation@hvca-ltd.co.uk

Please tick below the type of accreditation you are applying for

Domestic Energy Assessor [] Non-Domestic Energy Assessor L4 []
Non-Domestic Energy Assessor L3 [] Air Conditioning Assessor L3 []
Air Conditioning Assessor L4 [] Public Buildings Energy Assessor []

Please indicate the status of application

Newly Qualified member Application [] Scheme Transfer []

Section A: Personal Details (Please complete in block capitals)

Title:	Mr/Mrs/Miss/other -
Name:	
Date of Birth:	
Address:	
Postcode:	

Time at this address:	years
Email:	
Telephone:	
Mobile:	

Business details if different from above:

Name of Business:	
Nature of Business:	
Position Held:	Sole Proprietor / Partner / Consultant / Other – please specify
Address (if different from above)	
Postcode:	
Email Address:	
Telephone:	
Mobile:	
Fax:	
Web site:	
Post code areas you will operate in:	

Section B: Details of Qualifications

Name of Qualification:	
Registration Number:	
Awarding Body:	
Date Obtained:	
Name of Qualification:	
Registration Number:	
Awarding Body:	
Date Obtained:	
Name of Qualification:	

Registration Number:	
Awarding Body:	
Date Obtained:	
Name of Qualification:	
Registration Number:	
Awarding Body:	
Date Obtained:	

Section C: Details of Other Memberships

Please provide us with Details of Memberships of other Accreditation or Certification Schemes or professional bodies (including current applications where the outcome is not yet known) we reserve the right to take up references if other membership bodies.

Certification or Registration Scheme / Professional Body:	
Date of application or date membership awarded:	
Membership No:	
Certification or Registration Scheme / Professional Body:	
Date of application or date membership awarded:	
Membership No:	
Certification or Registration Scheme / Professional Body:	
Date of application or date membership awarded:	
Membership No:	

Rejections

Have you ever been refused membership?	Yes / No
Are you currently suspended or have you been suspended from another scheme?	Yes / No
Have you ever had your membership revoked?	Yes / No

Section D: Software (Non Domestic)

What software do you use to create EPC's?	
How long have you used it?	
Have you had training in it?	Yes / No

Section E: Details of Existing Insurance

Please note that Indemnity and Liability Insurance is included in your membership on a 'per click' basis. This should be downloaded from our web site.

Please provide details of any **existing** professional Indemnity insurance which you have in place.

Name of Policy:	
Insurance Company:	
Policy No:	
Insured Amount:	
Excess / Deductible:	
Duration of Policy	
Expiry Date:	
Any Extension / Exclusions:	

Please see member requirements and Code of Conduct.

Please provide details of any convictions or cautions for any offence in the UK or elsewhere at any time. Please provide below details of:

1. Any bankruptcy order or proceedings against you
2. Any individual voluntary arrangement with or for the benefit of your creditors
3. Any directors' disqualification
4. Any disciplinary proceedings or consumer redress that have been taken or awarded against you by any other Accreditation / Certification Scheme, professional or regulatory body, trade association or any similar association. Please state the nature of the proceedings or consumer redress and the outcome (if known).
5. Any application to join any other Accreditation / Certification Scheme, professional or regulatory body, trade association or any similar organisation which has been declined at any time for any reason.
6. Any suspension or withdrawal of membership by or from any other Accreditation / Certification Scheme, professional or regulatory body, trade association or any similar organisation at any time.
7. Any arrest, detail any conviction or caution or charge of criminal proceedings in connection with any offence of any nature in any jurisdiction.
8. Whether you have ever been unable to obtain Indemnity Insurance or whether any special conditions or premiums have ever been applied to such a policy to your knowledge.
9. Any other financial or legal history or any other matter which you think might be relevant.

Details:

Section F: Documents to accompany this form

Please ensure that you enclose the following

1. A passport sized photograph (please print your name on the back)
2. Copy of qualification certificate
3. Copy of Passport or UK Driving Licence (both parts)
4. CRB basic disclosure (less than 12 months old) – needed only for Domestic Energy Assessor
5. Insurance details / application form
6. Proof of previous years CPD (If not newly qualified)

You should carefully read the following declarations prior to signing and dating this application.

I agree that the following information will be publicly available on the Register:

- My name
- My unique membership number (*which we will issue to you*)
- My membership status (active, suspended or not active within last 12 months)

If you would like your business details displayed on the Landmark register which is publicly available please tick here

I agree that the information which I disclose in this form, including any personal data and sensitive personal data, may be shared with other Accreditation Schemes, the operator of the national register, and the Department for Communities and Local Government, and any employee, sub-contractor or agent acting on their behalf. If the outcome of this application is positive or negative it may also be shared with other Accreditation Schemes.

I understand that the Scheme will have to carry out checks on my identity and criminal record. I hereby grant permission for the Scheme and any employee, sub-contractor or agent acting on their behalf to carry out such a check (*you will be sent further forms and procedures to complete for this*).

I have read and understood the following documents which I agree I will have to comply with in order to be a member of the Scheme:

- The member Requirements and
- Scheme Code of Practice

Declaration

I confirm that the information I have provided in support of this application is complete and true, and understand that knowingly to make a false statement for this purpose is a criminal offence. Please note document must be signed.

Signed _____ Dated _____

Where your application is rejected you may appeal in writing to Accreditation Scheme Manager, Energy Assessors Accreditation, Heating & Ventilation Certification Associates Ltd (H&VCA Ltd), Unit 2, 76 Stephenson's Way, Formby Business Park, Formby, L37 8EG and we shall deal with your appeal in line with our 'Appeals Procedure'.