



# Initial Application to join APHC Licensed Membership

This application must only be completed by companies or self-employed persons wanting to apply to join APHC Licensed Membership. Please fill in this application form in CAPITAL LETTERS using black ink and return with all supporting documents to: APHC Ltd, 12 The Pavilions, Cranmore Drive, Solihull B90 4SB.

If you require help in completing this form, please call the membership sales team on: 0121 711 5030

Where did you hear about APHC Certification Ltd? (Please Tick)

|             |                          |                |                          |                       |                          |
|-------------|--------------------------|----------------|--------------------------|-----------------------|--------------------------|
| Direct Mail | <input type="checkbox"/> | Email/Internet | <input type="checkbox"/> | Advert                | <input type="checkbox"/> |
| Event       | <input type="checkbox"/> | Recommendation | <input type="checkbox"/> | Membership Consultant | <input type="checkbox"/> |

### Main Contact Details (this is the main point of contact where all correspondence will be sent)

|                               |   |                          |                          |
|-------------------------------|---|--------------------------|--------------------------|
| Contact Name                  | <input type="text"/>  | Position                 | <input type="text"/>     |
| Company Name                  | <input type="text"/>  |                          |                          |
| Trading Name (If appropriate) | <input type="text"/>  |                          |                          |
| Registered Address            | Please indicate (✓) which of the below telephone numbers you wish to make your primary contact number |                          |                          |
|                               | Telephone   | <input type="checkbox"/> | <input type="checkbox"/> |
| Postcode                      | Mobile  | <input type="checkbox"/> | <input type="checkbox"/> |
| Email                         | Website   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                      |                          |             |                          |         |                          |     |                          |
|--|----------------------|--------------------------|-------------|--------------------------|---------|--------------------------|-----|--------------------------|
| Type of Business                               | Sole Trader          | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Limited | <input type="checkbox"/> | PLC | <input type="checkbox"/> |
| Number of employees, employed in the business  | <input type="text"/> |                          |             |                          |         |                          |     |                          |
| Length of time trading                         | <input type="text"/> |                          |             |                          |         |                          |     |                          |
| Please provide the company registration number | <input type="text"/> |                          |             |                          |         |                          |     |                          |

### Lead operative qualifications (tick only Route A or Route B, as appropriate)

**Route A**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | By plumbing, heating & ventilating, refrigeration & air conditioning or gas fitting qualification (minimum NVQ level 2 or City & Guilds Craft Certificate) <b>(a copy of the certificate MUST be included with this application)</b> |
|--------------------------|--|

**Route B**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | By experience based on the inspection of 2 jobs and questioning by our field staff <b>(you MUST complete the work experience profile on page 4)</b> |
|--------------------------|---|

### Additional business information required (please tick to confirm the following)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A current copy of the business public liability insurance certificate outlining a minimum £2M cover has been provided  |
| <input type="checkbox"/> | A copy of the business employer's liability insurance certificate (where staff are employed), Tick here if you are a sole trader and it is not applicable                                      |
| <input type="checkbox"/> | A letterhead or other business stationery item used with customers showing clear business contact details has been provided  |
| <input type="checkbox"/> | I have read and understood how APHC Ltd. manages personal data. (Data Privacy notice available at <a href="http://www.aphc.co.uk/data-privacy-notice">www.aphc.co.uk/data-privacy-notice</a> ) |

I declare that to the best of my knowledge all the information submitted is correct. I fully understand that the submission of any misleading information will jeopardise my membership. I confirm that all certificate copies provided are from the original and that copies of all supporting information ticked are attached to this application. I agree to comply at all times with the APHC Membership Rules and APHC Terms and Conditions of Business which have been read and understood.

|           |                      |      |                      |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Name | <input type="text"/> |
| Position  | <input type="text"/> | Date | <input type="text"/> |

# Initial Application to join APHC Licensed Membership

## APHC Licensed Membership Scheme Fees (please tick here to confirm your fee/payment method)

### Non-refundable Initial Application Fee (tick only one box as appropriate)

Note: This Initial Application Fee is non-refundable and must be paid for by Credit/Debit card or cheque

**ROUTE A** – Initial Application Fee (qualification-based application) of £50.00 + VAT (£60 incl. VAT)

**ROUTE B** – Initial Application Fee (experience-based application) of £200.00 + VAT (£240 incl. VAT)

### Annual Membership Fee (tick only one box as appropriate to your company's annual turnover)

Turnover less than or equal to £250,000 per annum  
 £460.00 + VAT (£552.00 inc VAT) per annum OR £38.33 + VAT (£46.00 incl. VAT) per

Turnover less than or equal to £750,000 per annum  
 £790.00 + VAT (£948.00 inc VAT) OR £65.83 + VAT (£79.00 incl. VAT) per month

Turnover equal to or up to £3,000,000 per annum  
 £1035.00 + VAT (£1242.00 inc VAT) per annum OR £86.25 + VAT (£103.50 incl. VAT) per month

Turnover in excess of £3,000,000 per annum  
 £2125.00 + VAT (£2550.00 inc VAT) per annum OR £177.08 + VAT (£212.50 incl. VAT) per month

### Payment Method (tick only one box as appropriate)

**Annual Membership Payment by Credit/Debit Card**, please complete credit/debit card section below

**Annual Membership Payment by Cheque**, please enclose cheque

**Monthly payment by Direct Debit**, please complete direct debit instruction below

If paying for annual membership this will be taken/should be forwarded as part of the application. This Payment will be refunded if the application is rejected. Direct Debit Payment will not be taken until the application is approved. Cheques should be made payable to APHC Ltd. Alternatively, please complete the Credit/Debit Card or Direct Debit payment sections

Total payment included with this application form is £

## Payment by Credit or Debit Card

Please debit by Mastercard / Visa / Switch / Delta or Solo the sum of £

Card Number

Expiry Date

Start Date (if shown)

Security Code

Issue Number

/     /

Cardholders Name

Cardholders Signature

Date



# Initial Application to join APHC Licensed Membership

## Direct Debit Mandate

Instructions to your bank or building society to pay by Direct Debit



Name(s) of account holder(s)

Originator's identification number

Bank or Building Society Account Number

Reference Number

Bank or Building Society Sort Code

|  |   |  |   |  |
|--|---|--|---|--|
|  | - |  | - |  |
|--|---|--|---|--|

Please pay APHC Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this information may remain with APHC and, if so, details will be passed electronically to my bank or building society.

Name & full postal address of bank or building society

To: The Manager Bank or Building Society

Address

Signature(s)

Post Code

Date

**Banks and building societies may not accept Direct Debit Instructions for some types of accounts**

**This guarantee should be detached and retained by the payer.**



### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit APHC will notify you 10 working days in ADVANCE of your account being debited or as otherwise agreed. If you request APHC to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit, by APHC or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. – If you receive a refund you are not entitled to, you must pay it back when APHC Certification Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



# Initial Application to join APHC Licensed Membership

## Work Experience Profile (only complete this part of the form if applying for membership via ROUTE B)

|      |  |  |  |
|------|--|--|--|
| Name |  |  |  |
|------|--|--|--|

|               |  |                                     |  |
|---------------|--|-------------------------------------|--|
| Date of Birth |  | No of years working in the industry |  |
|---------------|--|-------------------------------------|--|

|                          |                                |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Bathrooms/sanitation equipment |
|--------------------------|--------------------------------|

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Electrical work associated with plumbing & heating |
|--------------------------|--|

|                          |                               |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Heating and hot water systems |
|--------------------------|-------------------------------|

|                          |                |
|--------------------------|----------------|
| <input type="checkbox"/> | Sheet leadwork |
|--------------------------|----------------|

|                          |                      |
|--------------------------|----------------------|
| <input type="checkbox"/> | Gas fired combustion |
|--------------------------|----------------------|

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Recycled water systems – rainwater & grey water |
|--------------------------|---|

|                          |                                 |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Oil fired combustion appliances |
|--------------------------|---------------------------------|

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Heat pumps – ground source and air source |
|--------------------------|---|

|                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Solid fuel combustion appliances |
|--------------------------|----------------------------------|

|                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Solar thermal |
|--------------------------|---------------|

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Air conditioning / refrigeration / ventilation |
|--------------------------|--|

|                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Biomass e.g. pellet burners |
|--------------------------|-----------------------------|

|                          |                       |  |  |
|--------------------------|-----------------------|--|--|
| <input type="checkbox"/> | Other, please specify |  |  |
|--------------------------|-----------------------|--|--|

|                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Designing systems |
|--------------------------|-------------------|

|                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Installation of systems |
|--------------------------|-------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Service & maintenance of components |
|--------------------------|-------------------------------------|

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Commissioning of systems |
|--------------------------|--------------------------|

Detail here any relevant training/short courses that have been carried out that could support your application. (please attach copies of certificates)