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|-------------------------------------------------------------------------------------------|-------------------------|------------------|
|          | <b>Application Form</b> | Doc No: BF911    |
|                                                                                           |                         | Revision No: 4.1 |
| <b>To become an <u>Approved Body</u> for the <u>Domestic ACD</u> Certification Scheme</b> |                         | Date: 05/04/19   |
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Please complete and return this application form with any supporting documentation by email ([ACD@bre.co.uk](mailto:ACD@bre.co.uk)) or by post to:  
 BRE Global Limited, c/o ACD Scheme Administrator, BRE Scotland, Red Tree Magenta, Red Tree Business Centre, 270 Glasgow Road, Rutherglen, Glasgow, G71 1UZ.

|                                                   |  |
|---------------------------------------------------|--|
| <b>For Official Use Only</b> - Application Number |  |
|---------------------------------------------------|--|

|                                                                             |                                                            |                                                 |                                          |
|-----------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|------------------------------------------|
| <b>Section 1 Company Details</b>                                            |                                                            |                                                 |                                          |
| Company                                                                     |                                                            |                                                 |                                          |
| Address                                                                     |                                                            |                                                 |                                          |
|                                                                             | Postcode                                                   |                                                 |                                          |
| Certification Coordinator Details                                           | Coordinator Name: <input style="width: 80%;" type="text"/> |                                                 |                                          |
|                                                                             | Telephone:                                                 | Office <input style="width: 80%;" type="text"/> |                                          |
|                                                                             | Mobile                                                     | <input style="width: 80%;" type="text"/>        |                                          |
|                                                                             | Fax:                                                       | <input style="width: 80%;" type="text"/>        |                                          |
|                                                                             | E-Mail <input style="width: 80%;" type="text"/>            |                                                 |                                          |
| Date Company established                                                    | <input style="width: 80%;" type="text"/>                   |                                                 |                                          |
| Company Registration Number:                                                | <input style="width: 80%;" type="text"/>                   |                                                 |                                          |
| <b>Please attach the last set of audited accounts with this application</b> |                                                            |                                                 |                                          |
| <b>Insurance Details</b><br>(Please attach copies of certificates)          | <b>Amount of cover</b>                                     | <b>Insurer</b>                                  | <b>Date of expiry</b>                    |
| Public liability                                                            | £ <input style="width: 80%;" type="text"/>                 | <input style="width: 80%;" type="text"/>        | <input style="width: 80%;" type="text"/> |
| Professional Indemnity                                                      | £ <input style="width: 80%;" type="text"/>                 | <input style="width: 80%;" type="text"/>        | <input style="width: 80%;" type="text"/> |


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| <b>Section 2 References</b>                                                                                                                                  |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Please supply two references below. These references may be approached by BRE Global. Please ensure that one of your references is external to your company. |            |
| Company                                                                                                                                                      |            |
| Address                                                                                                                                                      | Postcode   |
| Name of Contact                                                                                                                                              | Name:      |
|                                                                                                                                                              | Telephone: |
|                                                                                                                                                              | Fax:       |
|                                                                                                                                                              | E-Mail     |
| Company                                                                                                                                                      |            |
| Address                                                                                                                                                      | Postcode   |
| Name of Contact                                                                                                                                              | Name:      |
|                                                                                                                                                              | Telephone: |
|                                                                                                                                                              | Fax:       |
|                                                                                                                                                              | E-Mail     |


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| Section 3 Certifiers of Design                                                                                                                       |                                                                                                                                                                          |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Does your company currently employ an Approved Certifier of Design<br><i>(Please tick as appropriate)</i>                                            | <input type="checkbox"/> Yes                                                                                                                                             | <input type="checkbox"/> No |
| If yes, provide details here – including name, contact details and registration number, include payroll evidence of employment as an attachment      | Contact details:<br><br><br><br><br><br><br><br><br><br>Registration Number: <div style="background-color: #cccccc; width: 200px; height: 15px; margin-top: 5px;"></div> |                             |
| If no, is a member of staff of your company currently applying for scheme membership as an Approved Certifier<br><i>(Please tick as appropriate)</i> | <input type="checkbox"/> Yes                                                                                                                                             | <input type="checkbox"/> No |

| Section 4 Nominated certification coordinator(s)                                              |                          |  |
|-----------------------------------------------------------------------------------------------|--------------------------|--|
| Educational Qualifications                                                                    | Subject/discipline       |  |
|                                                                                               | Level of attainment      |  |
|                                                                                               | Awarding Body            |  |
|                                                                                               | Date                     |  |
| Professional Qualifications and membership of professional bodies (give full details)         | Qualifications           |  |
|                                                                                               | Body                     |  |
|                                                                                               | Year of first membership |  |
| Relevant position                                                                             | Current position in firm |  |
|                                                                                               | Number of years employed |  |
| Please add a CV to this application or provide more information on separate page as required. |                          |  |

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| <b>Section 5 Approved Body Requirements</b><br>(Please provide evidence, including attachments as required)                                                                                                                                                                                                                                                                                                                                                       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Evidence |
| Suitable human resource systems for employment in accordance with legislation.                                                                                                                                                                                                                                                                                                                                                                                    |          |
| Management structures and personnel systems to monitor the progress of Certifier staff and coordinators.                                                                                                                                                                                                                                                                                                                                                          |          |
| Insurances in place – professional indemnity, public liability and employer’s liability, that covers certification of design activities.                                                                                                                                                                                                                                                                                                                          |          |
| A recognised corporate structure and governance in place (including health & safety, environment, disability equality, racial equality and customer care policies).                                                                                                                                                                                                                                                                                               |          |
| Financial systems in place, and demonstration of financial viability.                                                                                                                                                                                                                                                                                                                                                                                             |          |
| A quality system with a specific coverage of the Approved Certifiers systems, including: <ul style="list-style-type: none"> <li>○ Code of conduct guidance</li> <li>○ Process of undertaking certification of a domestic building design</li> <li>○ Access to technical manuals, training materials and relevant policy documents</li> <li>○ Communication guidance with clients and colleagues, and the Scheme Provider</li> <li>○ Complaint handling</li> </ul> |          |
| Is your quality system independently certified, e.g. to ISO 9001: 2000.                                                                                                                                                                                                                                                                                                                                                                                           |          |
| Do you have any other system accreditation or certification                                                                                                                                                                                                                                                                                                                                                                                                       |          |

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### Section 6 Undertakings and Declarations

The following must be signed by an authorised representative of the Company:

1. We hereby confirm on behalf of [REDACTED] (the Company), that the information contained in this document is correct, any changes in circumstances will be notified to BRE Global in writing, and we accept and agree to abide by the following documents:

- a) TC201B - Terms & Conditions.
- b) SD149 - Scheme Document.
- c) PN100 / XP107E – Complaints and Appeals Procedure.
- d) PN242 – General Rules and Guidance for the use of the BRE Global Certification Mark and Badges of Recognition.
- e) FS033 - Fee Sheet.

- 2. We undertake to ensure that Certifiers adopt appropriate checking and certification procedures.
- 3. We undertake to provide evidence of easy access to relevant standards or guidance
- 4. We undertake to provide access to CPD / training acceptable to the scheme provider
- 5. We undertake to provide adequate levels of professional indemnity insurance for certified projects
- 6. We agree to become an Approved Body of Design under the Building (Scotland) Act 2003 and agree to work in compliance with the Building (Scotland) Regulations 2004 as amended

Name: [REDACTED]


Position: [REDACTED]

Signature:

Date:

### Section 7 Please confirm that you have enclosed the following

|                                                                                          |                                   |
|------------------------------------------------------------------------------------------|-----------------------------------|
| Payment - Approved body joining fee (as per Fee Sheet (FS033))                           | An invoice will be raised         |
| Evidence of insurances: Employers Liability, Public Liability and Professional Indemnity | <input type="checkbox"/> Enclosed |
| Copy of certification of incorporation                                                   | <input type="checkbox"/> Enclosed |
| CV for Approved Body Coordinator                                                         | <input type="checkbox"/> Enclosed |
| Code of Conduct signed by the Approved Body Coordinator                                  | <input type="checkbox"/> Enclosed |
| Management, quality and financial systems information                                    | <input type="checkbox"/> Enclosed |
| Last set of audited accounts                                                             | <input type="checkbox"/> Enclosed |

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**This form is to be completed by coordinators of the ACoD domestic scheme**

As a Certification Coordinator I will:

- (1) act with integrity and fairness;
- (2) have regard to the public interest and to the interests of all those affected by their activities;
- (3) do not maliciously or recklessly injure or attempt to injure the reputation of another person;
- (4) avoid conflicts of interest;
- (5) uphold the reputation of the Scheme.

As the Certification Coordinator I will act so that the Approved Certifiers of Approved Designs within the Approved Body will discharge their duties, as follows:

- (1) exercise appropriate skill, care, diligence and judgement in undertaking the certification of energy design with respect to the Building (Scotland) Regulations 2004 as amended;
- (2) do not misrepresent themselves as having expertise and experience that they do not possess;
- (3) maintain and broaden their expertise;
- (4) undertake only those tasks for which they have appropriate expertise and experience;
- (5) do not certify work carried out by others without carrying out necessary checks to satisfy themselves of the adequacy of the work and compatibility within the whole building;
- (6) acknowledge that for some projects they may lack appropriate experience to enable them to act as the Certifier; and
- (7) disclose to BRE Global if they have been convicted of an offence by a court or have been subject to an adverse finding of any kind by any tribunal, court or other authority.
- (8) be part of the design team with a continuous involvement in the design process.

Signature:


Name:

Date:

Please sign and return the completed application form and supporting documentation to BRE Global Limited by email to: [ACD@bre.co.uk](mailto:ACD@bre.co.uk)  
Alternatively, completed applications can be submitted by post to;

ACD Scheme Administrator, BRE Scotland, Red Tree Magenta, Red Tree Business Centre, 270 Glasgow Road, Rutherglen, Glasgow, G71 1UZ.

Tel: 0141 4474999

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## Appendix 1 Guidance Notes

Please read the following notes. They will help you complete the application form properly and so we can deal with your application quickly. More details are available on our web page: [www.bre.co.uk/acd](http://www.bre.co.uk/acd). In general, please note that the application form covers applying for Approved Body status only.

### **Note 1.**

To help you fill in section (1). You must provide full company details and include copies of documents for insurance and accounts.

### **Note 2.**

To help you fill in section (2) You must supply two references who may be approached by the scheme provider.

### **Note 3.**

To help you fill in section (3). Please provide membership details of approved Certifiers of Design that you are employing.

### **Note 4.**

To help you fill in section (4). You must provide full details on the certification co-ordinator. You will also need to provide their current CV.

### **Note 5.**

To help you fill in section (5). In this section, you need to provide evidence of your companies set up and practices.

### **Note 6.**

To help you fill in section (6). You must complete the Undertakings and declaration, and provide an original signature. Your application will not be accepted without it.

### **Note 7.**

To help you fill in section (7). Please make sure that you enclose the correct remittance to cover your joining fees. You will also need to submit an up to date CV for all nominated coordinators and certifiers. As your application will not be processed without them.

| For Official Use Only |  |                           |   |   |
|-----------------------|--|---------------------------|---|---|
| Date Received         |  |                           | Y | N |
| Fee                   |  | Application Complete      |   |   |
| Receipt Number        |  | Is detailed Assessment OK |   |   |
| Application type      |  |                           |   |   |
| Registration number   |  | Membership Awarded        |   |   |