
	<b>Application Form</b>	Doc No:	BF912
		Revision No:	4.1
<b>Certification Scheme For <u>Domestic</u> Approved <u>Certifiers</u> of Design (ACD)</b>		Date:	05/04/19
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Please complete and return this application form with any supporting documentation by email (to [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	
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<b>Please indicate the type of application you are applying for</b>  <i>(Please tick as appropriate)</i>	<input type="checkbox"/> <b>Individual</b> <b>(Working for an Approved Body)</b> <b>(I-ACD)</b>
	<input type="checkbox"/> <b>Sole Practitioner</b> <b>(Acting as the certifier and Approved Body)</b> <b>(SP-ACD)</b>

Section 1a Personal Details	
Name	
Company	
Business Address	
	Postcode
Home Address	
	Postcode
Telephone	
Fax	
E-mail	

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<b>Section 1b Complete this section if applying as a sole practitioner (SP), otherwise move onto Section 1c</b>			
Date Company established			
Company Registration Number:			
<b>Insurance Details</b> (Please attach copies of certificates)	<b>Amount of cover</b>	<b>Insurer</b>	<b>Date of expiry</b>
Public liability	£		
Professional Indemnity	£		
<b>Section 1c Complete if not applying as a sole practitioner (SP)</b> Please supply two references below. These references may be approached by BRE Global.			
Are you currently employed by an Approved Body <i>(Please tick as appropriate)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, provide details here – including name, coordinator and Approved Body registration number.	Name of approved body Contact Address: <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> Telephone Number: Registration Number: <div style="background-color: #cccccc; width: 100px; display: inline-block;"></div>		
If no, is your company currently applying for scheme membership as an Approved Body <i>(Please tick as appropriate)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No

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**Section 2 References**


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 Approved Certifiers of Design (ACD) Qualifications		
Educational Qualifications (SVQ IV level and above for example Degree)	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 experience	Current position in firm	
	Number of years	
	Number of projects	
	Level of involvement	
Any further information on your involvement in the energy design of buildings you wish to add, please enclose with this application.		

Section 4 Scheme membership designations	
Have you completed appropriate training in the national calculation methodology for <b>domestic</b> energy (Section 6) requirements	<input type="checkbox"/> Yes (If Yes please provide a copy of the training certificate) <input type="checkbox"/> No If no, please complete an application form for training.
Are you applying to be designated other than to the national calculation methodology (set out in Section 6 of the Technical Handbooks to the Building Regulations). If so, please give details of experience and qualifications	<input type="checkbox"/> Yes <input type="checkbox"/> No (delete as appropriate and attach appropriate certificates or evidence of competence)

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### Section 5 Undertakings and Declarations - Candidate

I confirm that:

- a) I have read and understood the scheme document and terms and conditions of certification.
- b) I have completed a training course that meets the minimum training requirements as detailed in Scheme Document SD149 Appendix 3:  
Date: \_\_\_\_\_ Training Organisation: \_\_\_\_\_
- c) I have practical use of the SAP tool.
- d) I will abide by all requirements of the scheme document and understand that failure to do so could result in suspension or withdrawal of Company Registration and recognition
- e) Any recognition given to me as an individual is dependent upon my continuous employment with the sponsoring Company. (Any changes in circumstances must be notified to BRE Global in writing).
- f) I undertake to carry out training and maintain relevant CPD to develop understanding of Certification relevant to the energy design of buildings.
- g) I undertake to abide by the Code of Conduct for the Scheme in discharging my duties as an Approved Certifier of Design.
- h) I undertake to adopt specific procedures to establish whether or not work complies with Building (Scotland) Regulations 2004.
- i) I agree to become an Approved Certifier of Design under the Building (Scotland) Act 2003 and agree to work in compliance with the Building (Scotland) Regulations 2004 as amended.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Section 6 Declaration

**Authorised representative:**

We hereby confirm on behalf of \_\_\_\_\_ (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.

Name: \_\_\_\_\_


Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Section 7 Please confirm that you have enclosed the following	
<b>Payment</b> - Certifier Joining fee (as per Fee Sheet (FS033))	An invoice will be raised
<b>Payment</b> – Sole Practitioner Joining fee (as per Fee Sheet (FS033))	An invoice will be raised
Qualifications	<input type="checkbox"/> Enclosed
Proof of membership of professional organisations	<input type="checkbox"/> Enclosed
CV of applicant	<input type="checkbox"/> Enclosed
SAP training certificate	<input type="checkbox"/> Enclosed
Proof of current CPD	<input type="checkbox"/> Enclosed
Sole Practitioner – include Professional Indemnity and Public Liability insurance details	<input type="checkbox"/> Enclosed
Signed Code of Conduct	<input type="checkbox"/> Enclosed
Schedule of Competence completed	<input type="checkbox"/> Enclosed

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**This form is to be completed by certifiers of the ACD domestic scheme**

As an Approved Certifier of Design 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.


The function of Approved Certifiers of Approved Design will be discharged , 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:

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<b>Schedule of Competence Approved Certifiers of Design: Domestic Energy</b>		
<b>Name:</b>		
<b>Approved Body name or sole trader name:</b>		
Building Type and limits	Evidence provided	Approved by Assessor
<i>To be completed by applicant</i>	<i>To be completed by assessor</i>	
Guidance notes: <ul style="list-style-type: none"> <li>The applicant should during the application process enter details of the competence in the above table. This should focus on type of building (e.g. flats, detached housing, etc), it should any limitations on building size, etc.</li> <li>The applicant should provide evidence of involvement in the energy design of these buildings in the application process. A short description of involvement with supporting design information will suffice. Recent experience is preferred, but longer term experience in the last ten years is also acceptable.</li> <li>The schedule of competence can be updated on an annual basis, or as required, to take account of expanding experience.</li> </ul>		


Please sign and return the completed application form, together with 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 help you fill in the application form properly and so we will be able to 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 all of the following types of application: Individual (I-ACD) or a Sole Practitioner (SP-ACD).

#### Note 1.

To help you fill in section (1). You must clearly indicate if your application is for:

- I-ACD only, or
- SP-ACD

Please put an 'X' in the relevant box.

#### Note 2.

To help you fill in section (1a). You must fill in all of this section with your personal details

#### Note 3.

To help you fill in section (1b). You must fill in this section if you wish to apply as a Sole Practitioner.

#### Note 4.

To help you fill in section (1c). You must fill in this section if you wish to apply as an Individual (I-ACD). However, as an I-ACD you will need to be employed or engaged by a Firm, registered as an approved body, offering Certification Co-ordination services.

#### Note 5.

To help you fill in section (2). Please provide two references, who will be able to provide character references.

#### Note 6.

To help you fill in section (3). You must fill in all of this section listing all of your qualifications. It may be necessary for you to provide a separate page if there is no room.

#### Note 7.

To help you fill in section (4). You must fill in all of this section detailing the training that you have completed. You will need to provide copies of certification too.

#### Note 8.

To help you fill in section (5). It is important that you complete the declaration, and provide an original signature. Your application will not be accepted without this.

#### Note 9.

To help you fill in section (6). Please make sure that you enclose the correct remittance to cover your joining fee. You will also need to submit an up to date CV and associated documentation. Your application will not be accepted without this.

#### Note 10.

To help you fill in section (6). With regard to our training courses, it is not compulsory for you to take Part 1. As long as you can provide proof that you have already attained the necessary training for that part. However, it is compulsory for everyone to take Part 2.

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Date Received			Y	N
Fee		Application Complete		
Receipt Number		Is detailed Assessment OK		
Application type				
<b>Registration number</b>		<b>Membership Awarded</b>		