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To become an <u>Approved Body</u> for the <u>Non-domestic ACD</u> Certification Scheme		Date: 01/10/15
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Please complete and return this application form with any supporting documentation to: BRE Global Limited, C/o ACD Scheme Administrator, BRE Scotland, Scottish Enterprise Technology Park, East Kilbride, Glasgow. G75 0RD	
<i>For Official Use Only - Application Number</i>	

Section 1 Company Details


Company			
Address			
	Postcode:		
Name of Certification Coordinator	Telephone:	<input type="text"/>	Office: <input type="text"/>
			Mobile: <input type="text"/>
	Fax:		
	E-Mail:		
Date Company established			
Company Registration Number:			

Please attach the last set of audited accounts with this application

Insurance Details (Please attach copies of certificates)	Amount of cover	Insurer	Date of expiry
Public liability	£		
Professional Indemnity	£		


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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 Certifiers of Design		
Does your company currently employ an Approved Certifier of Design <i>(Please tick as appropriate)</i>	Yes	No
If yes, provide details here – including name, contact details and registration number, include payroll evidence of employment as an attachment	Contact details: Registration Number:	
If no, is a member of staff of your company currently applying for scheme membership as an Approved Certifier <i>(Please tick as appropriate)</i>	Yes	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.		

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Section 5 Approved Body Requirements (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 employers liability, that cover 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"> ○ Code of conduct guidance ○ Process of undertaking certification of a domestic building design ○ Access to technical manuals, training materials and relevant policy documents ○ Communication guidance with clients and colleagues, and the Scheme Provider ○ Complaint handling 	
Is your quality system independently certified, e.g. to ISO9001: 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 _____ (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) 'Terms & Conditions', document PN 101.
- b) Scheme Document SD151
- c) Appeals Procedure, document PN 100
- d) Fee Sheet, FS033


- 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: _____ Position: _____

Signature: _____ Date: _____

Section 7 Please confirm that you have enclosed the following

Payment - Approved body joining fee, £350 + VAT	<input type="checkbox"/> Enclosed
Insurance certificates: Employers Liability, Public Liability and Professional Indemnity	<input type="checkbox"/> Enclosed
Copy of certification of incorporation	<input type="checkbox"/> Enclosed
CVs for all nominated coordinators and certifiers	<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 ACD Non-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 Ltd by post to;

ACD Scheme Administrator, BRE Scotland, Scottish Enterprise Technology Park, East Kilbride, G75 0RD

Tel: 01355 576 200, Fax 01355 576 210

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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. 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). Please provide details of recent training and certification.

Note 7.

To help you fill in section (7). You must complete the Undertakings and declaration, and provide an original signature. Your application will not be accepted without it.

Note 9.

To help you fill in section (8). 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.

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Appendix 2 Checklist

I have completed the following Sections	Yes	No
Section 1	<input type="checkbox"/>	<input type="checkbox"/>
Section 2	<input type="checkbox"/>	<input type="checkbox"/>
Section 3	<input type="checkbox"/>	<input type="checkbox"/>
Section 4	<input type="checkbox"/>	<input type="checkbox"/>
Section 5	<input type="checkbox"/>	<input type="checkbox"/>
Section 6	<input type="checkbox"/>	<input type="checkbox"/>
Section 7	<input type="checkbox"/>	<input type="checkbox"/>
Section 8	<input type="checkbox"/>	<input type="checkbox"/>
I have enclosed the following documentation	Yes	No
Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Public liability	<input type="checkbox"/>	<input type="checkbox"/>
Professional Indemnity (PI)	<input type="checkbox"/>	<input type="checkbox"/>
Audited set of accounts	<input type="checkbox"/>	<input type="checkbox"/>
Qualifications	<input type="checkbox"/>	<input type="checkbox"/>
Proof of membership of professional organisations	<input type="checkbox"/>	<input type="checkbox"/>
CV of applicant	<input type="checkbox"/>	<input type="checkbox"/>
Energy exam certificates	<input type="checkbox"/>	<input type="checkbox"/>
BRE SBEM training certificates	<input type="checkbox"/>	<input type="checkbox"/>
Joining fee	<input type="checkbox"/>	<input type="checkbox"/>
CV's of coordinators	<input type="checkbox"/>	<input type="checkbox"/>

IT IS IMPORTANT THAT YOU PROVIDE ALL RELEVANT INFORMATION TO AVOID DELAYS WITH YOUR APPLICATION

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