



H&VCA Ltd

Member Application and Renewal Form

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 the H&VCA 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 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 0800 0842074 or email us at accreditation@hvca-ltd.co.uk

Please indicate the type of application

New Member Application

[]

Membership renewal

[]

H&VCA Membership number _____

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

Title:	
Name:	
Address:	
Postcode:	
Time at this address:	_____ years
Email:	
Telephone:	
Landline	
Mobile	
Fax:	



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Business details if different from above:

Name of Business:	
Nature of Business:	
Position held:	sole proprietor/ partner/ consultant/ other : please specify
Address:	
Postcode:	
Email address:	
Telephone:	
Landline	
Mobile	
Fax:	
Postcode Areas you will operate in	

National Insurance Number:									
Date of Birth:	(dd/mm/yyyy)								
Nationality:									
Gender:	Male / Female								

Section B: Details of qualification

Name of Qualification:	
Registration number:	
Awarding Body:	
Date obtained:	



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Section C: Details of other Memberships

Please provide us with Details of Membership 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 of other membership bodies.

Certification or Registration Scheme/Professional Body	
Date of application or date membership awarded:	
Membership Number	
Date of application or date membership awarded	

Section D: Details of existing insurance

Please note that Indemnity and liability insurance is included in your membership on a 'per click' basis.

Please provide details of any **existing** professional indemnity insurance which you have in place:

Name of Policy:	
Insurance Company:	
Policy Number:	
Insured Amount:	
Excess/Deductible:	
Duration of Policy:	
Expiry Date:	
Any Extensions/Exclusions:	

Section E: 'Fit and Proper' person

(please see Member Requirements and Code of Practice)

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

Please provide details below 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 Certification Scheme, professional or regulatory body, trade association or any similar organisation. Please state the nature of the proceedings or consumer redress and the outcome (if known):



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5. Any application to join any other 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 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 or 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 required to accompany this form

Initial application:

Please check that you have enclosed the following:

1. A passport sized photograph (Print your name on the back)
2. Your qualification certificate.
3. Passport or UK Driving Licence (both parts)
4. CRB basic disclosure (less than 12 months old)
5. 1 x Utility bill less than 6 months old.

Renewal or Transfer from existing accreditation scheme:

As above for initial application except the Utility bill is not needed.

Include the following documents if applicable.

1. Certified Copies of any documents relating to any matter disclosed in Section E above.
2. Your certificates of indemnity insurance.

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*)



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- my membership status (active, suspended, withdrawn or not active within last 12 months)

If you would like your personal details to be 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 Certification Schemes, the operator of the national register, and the Department for Communities and Local Government, and any employee, subcontractor or agent acting on their behalf.

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
- H&VCA Code of Conduct

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.

Signed _____ Dated : _____

Where your application is rejected you may appeal in writing to H&VCA and we shall deal with your appeal in line with our 'Appeals Procedure'.