

SAVA Scheme

Application Form with Declarations for the Home Condition Survey

It is essential that the Application Form is filled in to the best of your knowledge, information and belief, and that you complete and sign the form.

Failure to do so or failure to disclose any relevant information may prejudice the application for membership of the scheme and may lead to disciplinary action in the future, which could result in withdrawal of membership.

Please ensure that you have completed all sections of this form and that you have enclosed the accompanying documents which are listed in section 11 below.

We reserve the right to come back to you to ask for further information.

This form requests information which relates to your eligibility to complete Home Condition Surveys with us. If you are assessed not to meet the eligibility criteria then we will inform you in writing, which will include your right to appeal against our decision.

If you need help to complete this form or if you have any questions then please call us on **01908 442277** or email us at membership@nesltd.co.uk.

When you have completed the forms please return the pack to:

SAVA Scheme
National Energy Services
National Energy Centre
Knowlhill
Milton Keynes
MK5 8NA

1. Personal Details

Title		Full name	
Previous name (incl. maiden name)			
House name/no			
Street			
Locality			
Town/city			
County			
Postcode			
Email address			
Preferred telephone number			
Alternative telephone number			
Date of birth (dd/mm/yyyy)			

2. Details of Qualifications or Certificates

To be eligible to be a member of the scheme you must hold one of the following qualifications or certificates:

- Level 4 Diploma in Home Inspection
- ABBE/PSSB Level 6 Diploma in Residential Surveying
- ABBE/PSSB Level 6 Diploma In Residential Surveying and Valuation
- Certificate of Direct Entry for experienced residential surveyors with membership of the Royal Institution of Chartered Surveyors

Name of qualification or certificate	
Awarding Body	
Assessment Centre/Training Centre	
Diploma or certificate number (if applicable)	
Date diploma or certificate issued	

(Please use continuation sheets if necessary)

3. Details of membership of other accreditation schemes or professional bodies (including current applications where the outcome is not yet known)

Scheme/ professional body (delete as applicable)	
Date of application or date membership awarded	
Membership number (if applicable)	

(Please use continuation sheets if necessary)

4. Details of previous membership

Please tell us about your previous membership of other accreditation schemes or professional bodies, and the reasons for leaving the scheme

Scheme/ professional body (delete as applicable)	
Date of application or date membership awarded	
Qualification or certificate type (if applicable)	
Membership number (if applicable)	
Reason for cancelling membership/leaving the scheme	

5. Evidence of competency

Please note if you are joining us from another accreditation scheme or professional body, we may ask you to provide a record of your Continuous Professional Development from the last 12 months to prove your ongoing competency. If you have not yet joined an accreditation scheme but qualified more than a year ago, we may ask you to provide a summary of how you have maintained your competence as part of your application

6. Insurance

Please use the boxes below to indicate:

I would like to use the Scheme's own combined Professional Indemnity and Public Liability Insurance policy

I would like to use my/my Employer's policy, and therefore attach copy Insurance Certificates and a Broker's letter

7. Other Relevant Matters

To be eligible to become a member of the scheme you must be a fit and proper person. The answers to the following questions will help us decide whether there are any matters that may require further investigation in order to be able to make an assessment. It should be noted that disclosure of any information listed below does not necessarily mean that you will be excluded from Scheme Membership, but failure to disclose any material factor could lead to subsequent disciplinary action

1. Any disciplinary proceedings or consumer redress actions that have been taken or awarded against you by any other accreditation or 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)
2. Any application to join any other accreditation or certification scheme, professional or regulatory body, trade association or any similar organisation which has been declined at any time for any reason
3. Any suspension or withdrawal of membership by or from any other accreditation or certification scheme, professional or regulatory body, trade association or any similar organisation at any time
4. 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.

Please either write 'none' in the box below or provide relevant details where you have answered yes to any of the questions above:

8. Criminal Record Requirements

You must obtain and provide us with the original copy of a basic level criminal record disclosure for yourself. This document will advise us of any unspent criminal convictions that you may have. We can accept a disclosure that is no more than one year old at the time we receive your application. Please send the original copy to us as part of your application and we will return it to you once we have completed your registration. If you wish to send an authenticated colour copy of your disclosure instead, please see the document 'How to Apply for your Basic Disclosure' for further details

9. Find an Assessor details

You may choose to provide us with any or all of the optional details listed below, which will then be placed on the Find an Assessor list on the NES website:

A contact address	
A website address	
An email address	
A telephone number	
Your professional qualifications	
A company name	
Required post-code coverage (2-4 characters per code, to a maximum of 255 characters)	
A base postcode (<i>this is a postcode used to drive a nearest assessor search on the register and must be a full UK postcode</i>)	

10. Payment of report lodgements

All reports lodgements will be charged by direct debit on a monthly basis. Please complete and return the direct debit mandate on the end of the application form as part of your application

11. Document checklist

Please use the boxes below to indicate that you have enclosed the following:

- (i) If you want to use your/your Employer's Professional Indemnity and Public Liability Insurance policy, copies of Insurance Certificates and a Broker's letter
- (ii) A colour photocopy of your diploma certificate or Direct Entry certificate
- (iii) The original of your basic level criminal disclosure document which is no more than one year old or an authenticated copy
- (iv) A colour photocopy of your passport or photo-card UK driving licence
- (v) Copies of any documents relating to any matter disclosed under Section 7
- (vi) A completed copy of the direct debit mandate

12. Declarations

You should carefully read the following declarations prior to signing and dating this application.

(i) I understand that the following information will be publicly available on the Find an Assessor list whilst I am active:

- My name
- My unique Membership Number
- My membership status

(ii) By signing this application form, I confirm that I have read and understood the following documents which I agree I will be bound by in order to become and remain a member:

- The Membership Rules
- The Product Rules for HCS
- The Scheme Membership Agreement

(The documents are available to download from our website within the supplementary documentation folder: <http://www.nesltd.co.uk/content/sava-scheme>)

(iii) I have read and agree the details of the scheme insurance requirements as set out in the Scheme Rules

(iv) I confirm that I have answered all the questions on this Application Form to the best of my knowledge, information and belief and that I have not withheld any relevant information

(v) I confirm that when I commence operations, I will have in place a customer complaints policy that meets the standards set out in the Scheme Rules

(vi) I agree to notify the scheme immediately of any changes in my personal circumstances that mean I am unable to undertake inspections

Applicant's Signature.....

Application Date.....

You may wish to take a copy of this completed application form for your own records

Thank you for completing this Application Form. Please send it and the rest of your application pack to:

SAVA Scheme
National Energy Services
Davy Avenue
Knowlhill
Milton Keynes
MK5 8NA

If you need help to complete this form or if you have any questions, do please call us on 01908 442277 or email us at membership@nesltd.co.uk

Please fill in the whole form including official use box using a ball point pen and send it to:

National Energy Services Limited
Davy Avenue
Milton Keynes
MK5 8NA

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Societv
Address	
Postcode	

Reference Number

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Instruction to your Bank or Building Society to pay by Direct Debit

Service User Number

4	4	1	3	1	4
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Please complete the following information for our records but note that this is not part of the instruction to your Bank or Building Society.

Contact Name:
Address:
Town:
Postcode:
Email:

Instruction to your Bank or Building Society

Please pay National Energy Services Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with National Energy Services Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

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 National Energy Services Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request National Energy Services Ltd 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 National Energy Services Ltd 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 National Energy Services 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.