



## Scottish Building Federation Membership Application Form

### FULL COMPANY NAME

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### BUSINESS CONTACT DETAILS

PHONE:	EMAIL:	VAT REG No:
COMPANY REGISTRATION No:	ESTABLISHED:	WEBSITE:
ADDRESS:		POST CODE:

### STATE FULL NAMES OF ALL PROPRIETORS, PARTNERS, DIRECTORS, THEIR POSITIONS AND NUMBER OF YEARS WITH THE COMPANY

NAME	POSITION	YEARS WITH COMPANY	EMAIL

### BANKRUPTCY/ADMINISTRATION/LIQUIDATION

Have any of the people named as Partners or Directors, or has any company of which they have been a Director: been declared bankrupt, had a winding up petition presented to the Court or passed a resolution for voluntary winding up within the last 5 years?

YES NO

IF YES PLEASE GIVE DETAILS: \_\_\_\_\_

### CONTACT DETAILS OF KEY EMPLOYEES

	NAME	TEL NO	EMAIL
ADMIN:			
EMPLOYMENT AFFAIRS:			
HEALTH & SAFETY:			
FINANCE:			
TRAINING:			

### WORK CARRIED OUT (TICK APPROPRIATE)

DOMESTIC WORKS/MAINTENANCE/REPAIRS	FIT OUT	HERITAGE & CONSERVATION
SMALL WORKS	SHOPFITTING	DESIGN & BUILD
REFURBISHMENT	JOINERY MANUFACTURE	MAJOR PROJECTS
PFI/PPP	SPECIALIST TRADE	ROOFING
OTHER (PLEASE SPECIFY)		

### NUMBER OF EMPLOYEES

### EMPLOYEE SKILLS & QUALIFICATIONS

STAFF	Do all Employees have a formal Contract of Employment	YES	NO
OPERATIVES	Are all your employees registered with CSCS or equivalent	YES	NO
APPRENTICES	If NO please indicate approximate %age that are registered	YES	NO
Please state current Skills Qualification Provider			

### OTHER MEMBERSHIPS

ARE YOU A MEMBER OF ANY OTHER TRADE FEDERATION?	YES NO	IF YES PLEASE STATE: _____
ARE YOU A MEMBER OF THE BUILDING & CIVIL ENGINEERING SCHEME (B&CE)	YES NO	IF YES PLEASE STATE REG NO: _____
ARE YOU REGISTERED WITH CONSTRUCTIONSKILLS (FORMERLY CITB)	YES NO	IF YES PLEASE STATE REG NO: _____

### HEALTH & SAFETY

DO YOU HAVE A HEALTH & SAFETY POLICY	YES NO	IF YES ENCLOSE COPIES OF YOUR POLICY STATEMENT (PLEASE TICK IF ENCLOSED)	<input type="checkbox"/>
DO YOU EMPLOY A SAFETY OFFICER	YES NO		
HAS YOUR ORGANISATION HAD AN HSE ENFORCEMENT NOTICE ISSUED IN THE LAST 5 YEARS	YES NO	IF YES PLEASE PROVIDE DETAILS OF NOTICE AND REMEDIAL ACTION TAKEN. (PLEASE TICK IF ENCLOSED)	<input type="checkbox"/>
IS YOUR COMPANY A MEMBER OF A SAFETY GROUP (EG SAFE, EBSOL, ETC)		IF YES PLEASE STATE _____	



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## QUALITY ASSURANCE

DO YOU HAVE THIRD PARTY ACCREDITATION (E.G. ISO 9001/2)

YES  NO

IF YES PLEASE STATE \_\_\_\_\_

## LIABILITY INSURANCE

PLEASE STATE THE NAME OF YOUR INSURER \_\_\_\_\_

ENCLOSE COPIES OF YOUR CERTIFICATE(S) OF INSURANCE HELD

PLEASE STATE THE INSURANCE COVER HELD \_\_\_\_\_

(PLEASE TICK IF ENCLOSED)

## FINANCIAL INFORMATION

PLEASE PROVIDE DETAILS OF YOUR COMPANY TURNOVER OVER AS FOLLOWS:

ANTICIPATED THIS YEAR	
LAST YEAR	
2 YEARS AGO	

FINANCIAL PROBITY – BUSINESSES WILL / MAY BE REQUIRED TO PROVIDE EVIDENCE OF FINANCIAL INTEGRITY BOTH ON APPLICATION AND ON AN ONGOING BASIS.

COPIES OF FILED ACCOUNTS FOR THE PAST TWO YEARS OR STATEMENT FROM YOUR BANK / ACCOUNTANT, PROVIDED.

YES  NO

## REFERENCES

### CLIENTS

PLEASE GIVE NAMES, ADDRESSES AND CONTACT DETAILS OF TWO CLIENTS OR PROFESSIONAL REFERENCES I.E. ARCHITECTS, SURVEYORS WHO MAY BE APPROACHED FOR A REFERENCE.

REFERENCE 1 \_\_\_\_\_

REFERENCE 2 \_\_\_\_\_

NOTE: WE WILL NOT CONTACT WITHOUT YOUR PRIOR CONSENT.

## DECLARATIONS

We the undersigned, hereby make application for membership of **SBF**.

We certify that the information contained in this application is correct.

We agree to abide by the Rules of Membership, Code of Conduct and Conditions of **SBF**.

We acknowledge that as a member of the **SBF** we are encouraged to adhere to the terms and conditions of the Working Rule Agreement.

In the event of dispute we agree to adhere to the decisions and recommendations resulting from the SBF Dispute Resolution Process.

We agree to pay subscriptions to **SBF** on the due dates for all years of membership.

We agree to give three months written notice to **SBF** of intention to resign from corporate membership and agree to pay pro-rata subscription for the last period of membership.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

POSITION \_\_\_\_\_

## FOR OFFICE USE ONLY

	DATE APPLICATION RECEIVED	DATE CHEQUE BANKED	DATE ADDED TO DATABASE
ADD DATE			
SIGNED BY			