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**Application Form**

Version 1

1 October 2019

Review Date 1 October 2020

# Application to be approved as a Scheme Operator

|  |  |
| --- | --- |
| Organisation name: |  |
| Legal Status: |  |
| Company registration number (if applicable): |  |
| Business Address: |  |
| Website: |  |
| Primary contact: | Name: |  |
| Job title: |  |
| Landline phone: |  |
| Mobile phone: |  |
| Email: |  |
| Secondary contact: | Name: |  |
| Job title: |  |
| Landline phone: |  |
| Mobile phone: |  |
| Email: |  |
| Are you a Certificated ISO 9001 Company?  | Please tick (🗸) | Provide a Certificate  |
| Yes | No |
|  |  |
| UKAS Accredited Certification Body  | Please tick (🗸) | Provide a UKAS Schedule |
| Yes | No |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick (🗸) | Applying for the first time □ | Updating changes to previous registration(s) | □ |

## **Scope of registration:** describe below the quality assurance scheme(s) you want to be registered under the Amenity Standard

|  |  |
| --- | --- |
| **Scheme 1** (name and description) |  |
| Number of approved organisations / members |  |
| Scheme requirements documents (please list and attach all relevant documents) |  |
| Have you carried out a self-audit of this scheme and its compliance with the Amenity Standard? | Please tick (🗸) | Please attach a copy of the completed Amenity Standard self-audit. |
| Yes | No |
|  |  |
| Auditors | Describe your auditing regime for this scheme |  |
| How many auditors are involved in this scheme? | Full/Part-time |  |
| Contractors |  |
| State the minimum experience of this sector your auditor(s) must have? |  |
| Describe the training given to your auditor(s) | Initial |  |
| CPD |  |

|  |  |
| --- | --- |
| **Scheme 2** (name and description) |  |
| Number of approved organisations / members |  |
| Scheme requirements documents (please list and attach all relevant documents) |  |
| Have you carried out a self-audit of this scheme and its compliance with the Amenity Standard? | Please tick (🗸) | Please attach a copy of the completed Amenity Standard self-audit. |
| Yes | No |
|  |  |
| Auditors | Describe your auditing regime for this scheme |  |
| How many auditors are involved in this scheme? | Full/Part-time |  |
| Contractors |  |
| State the minimum experience of this sector your auditor(s) must have? |  |
| Describe the training given to your auditor(s) | Initial |  |
| CPD |  |

(Add more schemes if applicable)

## Human Resources

|  |  |
| --- | --- |
| Total number of employees |  |
| Number of employees involved in managing and administering your quality assurance scheme(s)  | Full-time  |  |
| Part-time |  |
| Contractors |  |
| Equal Opportunities | How do you ensure all employees (including contractors) are aware of and follow your Equal opportunities policy? |  |
| Please attach a copy of your equal opportunities policy | Please tick (🗸) |
| Anti-bribery management | How do you ensure all employees (including contractors) are aware of and follow your anti-bribery policy or guidelines? |  |
| Please attach a copy of your anti-bribery policy or guidelines | Please tick (🗸) |

## Sign-off section

**I apply on behalf of:**

(Organisation name)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that a fee of £2,000 + VAT will be required before the application proceeds.

I understand that an annual fee of £1,000 + VAT will become due thereafter following the first year.

I also understand that once the initial audit begins the fee becomes non-refundable.

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Position |  |
| Date |  |

## Office Use

|  |  |
| --- | --- |
| Approved | Yes / No |
| Reasons for withholding approval |  |
| Applicant notified (date) |  |
| Approval Certificate issued (date) |  |
| Signed copy received (date) |  |