

# APHC LICENSED MEMBERSHIP APPLICATION FORM



This application must only be completed by companies or self-employed persons wanting to apply to join APHC Licensed Membership. Please fill in this application form in CAPITAL LETTERS and return with all supporting documents via email [membershipsales@aphc.co.uk](mailto:membershipsales@aphc.co.uk) or to: APHC Ltd, 12 The Pavilions, Cranmore Drive, Solihull B90 4SB. If you require help in completing this form, please call: 0121 711 5030

## Where did you hear about APHC Ltd? (Please Tick)

Email	<input type="checkbox"/>	Google Search	<input type="checkbox"/>	Membership Consultant	<input type="checkbox"/>	Social Media	<input type="checkbox"/>
Event	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Industry Press	<input type="checkbox"/>	Other	<input type="checkbox"/>

## Main Contact Details (this is the main point of contact where all correspondence will be sent)

Contact Name		Position	
Company Name		Trading Name (If appropriate)	
Registered Address			
Postcode		Email	
Telephone <input type="checkbox"/>		Mobile <input type="checkbox"/>	
Please indicate which telephone number you wish to make your primary contact number			

## Type of Business

Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited	<input type="checkbox"/>	PLC	<input type="checkbox"/>
Number of employees, employed in the business							
Length of time trading							
Please provide the company registration number							

## Lead operative qualifications (tick only Route A or Route B, as appropriate)

### Route A

<input type="checkbox"/>	By plumbing, heating & ventilating, refrigeration & air conditioning or gas fitting qualification (minimum NVQ level 2 or City & Guilds Craft Certificate) <b>(a copy of the certificate MUST be included with this application)</b>
--------------------------	--

### Route B

<input type="checkbox"/>	By experience based on the inspection of 2 jobs and questioning by our field staff <b>(you MUST complete the work experience profile on page 4)</b>
--------------------------	---

# APHC LICENSED MEMBERSHIP APPLICATION FORM



## Additional business information required (please tick to confirm the following)

- ☐ A current copy of the business public liability insurance certificate outlining a minimum £2M cover has been provided
- ☐ A copy of the business employer's liability insurance certificate (where staff are employed), Tick here if you are a sole trader and it is not applicable ☐
- ☐ A letterhead or other business stationery item used with customers showing clear business contact details has been provided
- ☐ I have read and understood how APHC Ltd. manages personal data. (Data Privacy notice available at [www.aphc.co.uk/data-privacy-notice](http://www.aphc.co.uk/data-privacy-notice))

I declare that to the best of my knowledge all the information submitted is correct. I fully understand that the submission of any misleading information will jeopardise my membership. I confirm that all certificate copies provided are from the original and that copies of all supporting information ticked are attached to this application. I agree to comply at all times with the APHC Membership Rules and APHC Terms and Conditions of Business which have been read and understood. By typing my name in the signature field, I acknowledge and agree that this electronic entry constitutes my legal signature and that I accept the terms of this document.

Name		Position	
Date		Signature	

## Membership Scheme Fees (please tick here to confirm your fee/payment method)

**Non-refundable Initial Application Fee (tick only one box as appropriate). This initial Application Fee is non-refundable and must be paid by Credit/Debit Card.**

- ☐ **ROUTE A** – Initial Application Fee (qualification-based application) of £50.00 + VAT (£60 incl. VAT)
- ☐ **ROUTE B** – Initial Application Fee (experience-based application) of £200.00 + VAT (£240 incl. VAT)

## Annual Membership Fee (tick only one box as appropriate to your company's annual turnover)

- ☐ Turnover less than or equal to £250,000 per annum  
£548.00 + VAT (£657.60 incl. VAT) annually or £45.67 + VAT (£54.80 incl. VAT) per month
- ☐ Turnover less than or equal to £750,000 per annum  
£942.00 + VAT (£1130.40 incl. VAT) annually or £78.50 + VAT (£94.20 incl. VAT) per month
- ☐ Turnover equal to or up to £3,000,000 per annum  
£1233.00 + VAT (£1479.60 incl. VAT) annually or £102.75 + VAT (£123.30 incl. VAT) per month
- ☐ Turnover in excess of £3,000,000 per annum  
£2538.00 + VAT (£3045.60 incl. VAT) annually or £211.50 + VAT (£253.80 incl. VAT) per month

## Payment Method (tick only one box as appropriate)

- ☐ **Annual Membership Payment by Credit/Debit Card**, please complete credit/debit card section below
- ☐ **Annual Membership Payment in monthly installments by Direct Debit** please complete DD instruction below

If paying for annual membership this will be taken/should be forwarded as part of the application. This Payment will be refunded if the application is rejected. Direct Debit Payment will not be taken until the application is approved. Please complete the Credit/Debit Card or Direct Debit payment sections:

Total payment included with this application form is £

# APHC LICENSED MEMBERSHIP APPLICATION FORM



## Payment by Credit or Debit Card

Please debit by Mastercard / Visa / Switch / Delta or Solo the sum of

£

Card Number

**For security, a member of our team will telephone the card holder, to take the additional card details, required to process the payment shown. I acknowledge and agree that this electronic entry constitutes my legal signature.**

Cardholders Name

Cardholders Signature

Date

## Direct Debit Mandate

Instructions to your bank or building society to pay by Direct Debit

Name(s) of account holder(s)

Bank or Building Society Account Number

Bank or Building Society Sort Code

Name & full postal address of bank or building society

Originator's identification number

9 4 0 2 9 6

Reference Number

Please pay APHC Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this information may remain with APHC and, if so, details will be passed electronically to my bank or building society. By typing my name in the signature field, I acknowledge and agree that this electronic entry constitutes my legal signature.

Name

Signature

Date

**Banks and building societies may not accept Direct Debit Instructions for some types of accounts**

**This guarantee should be detached and retained by the payer.**



### 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 APHC will notify you 10 working days in ADVANCE of your account being debited or as otherwise agreed. If you request APHC 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 APHC 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 APHC Certification 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.

# APHC LICENSED MEMBERSHIP APPLICATION FORM



**Work Experience Profile (only complete the next section if applying for membership via ROUTE B)**

Name		Number of years working in the industry	
Date of Birth			

  

Bathrooms/sanitation equipment	<input type="checkbox"/>	Electrical work associated with plumbing & heating	<input type="checkbox"/>
Heating and hot water systems	<input type="checkbox"/>	Sheet leadwork	<input type="checkbox"/>
Gas fired combustion	<input type="checkbox"/>	Recycled water systems – rainwater & grey water	<input type="checkbox"/>
Oil fired combustion appliances	<input type="checkbox"/>	Heat pumps – ground source and air source	<input type="checkbox"/>
Solid fuel combustion appliances	<input type="checkbox"/>	Solar thermal	<input type="checkbox"/>
Air conditioning / refrigeration / ventilation	<input type="checkbox"/>	Biomass e.g. pellet burners	<input type="checkbox"/>
Designing systems	<input type="checkbox"/>	Installation of systems	<input type="checkbox"/>
Service & maintenance of components	<input type="checkbox"/>	Commissioning of systems	<input type="checkbox"/>

**Other, please specify**

**Detail here any relevant training/short courses that have been carried out that could support your application. (please attach copies of certificates)**