Membership Application Form



Please fill in the form and either post it to: SNIPEF at Bellevue House, 22 Hopetoun Street, Edinburgh, EH7 4GH or copy and email it to membership@snipef.org. Alternatively you can apply online at www.snipef.org/become_licenced/joinform.php

STEP I-Tell us who you are	
Business name	
Address	
Postcode	
Telephone	NODE
Mobile	NORTHERN
Email	(5)
Website	
Who should we speak to about your application? STEP 2-Tell us about your business	NORTHERN THE PLANT OF THE PLANT
What kind of business are you?	When was your business established?
Sole Trader Partnership Limited Company	
What type of clients do you work for? Domestic Commercial Industrial	EMPLOYERS FED
What type of work do you do?	
The categories of work you select will appear on the SNIPEF cus	
Emergency call out	Roof work
Unvented HW systems	Solar panels*
Boiler servicing	Biomass boilers*
Drain cleaning	Air source heat pumps*
Lead replacement	Ground source heat pumps*
Oil heating	Invisible (leak detection)
Septic tank	Disabled adaptations
Solid fuel heating	

^{*} Note: Evidence of industry accepted qualifications must be submitted for these work categories.

STEP 3-Tell us who your Proprietors, Partners and Directors are

Tell us the name and National Insurance Number of your Proprieters, Partners and Directors:

Name	Designation	NI Number (if known)	Do they carry out plumbing or heating work?
			Yes No
If yes, please list which Proprietor, Partne out of business and the date it ceased to Name of Proprietor, Partner or Directors	trade.		of the firm which went iness ceased to trade
Note: If the applicant has been a Proprietor, became bankrupt or went into liquidation, the business ceased to trade.	en your application cannot	be considered for a further 12 mont	hs from the date that this
If you need further guidance on this note be	fore submitting your applice	ation please call the SNIPEF Member	ship department.

STEP 4- Tell us about your operatives

ell us the name and National Insur Name	Date of birth	NI Number	Plumber/ Gas operat
TEP 5 - Tell us about you	ır İnsurer		
s part of our membership condit	ions, we need to check that you h	old Public Liability Insurance of at leas	t £2m and
nployers' Liability Insurance whe	re appropriate. Tell us who your in	nsurer is and we will contact them dir	ectly.
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ame of your Insurer or Broker	1		
ddi ess			
elephone			
our Policy Number			
our Folicy Number			
STEP 6- I want to becom	ne a SNIPEF Licensed B	usiness for the following rea	sons:
This information will only be used	d in bursuit of continuous improve	ements to our services to members.	
Please tick box- you may tick mo		amena to our services to members.	
Generate New Business lea	ıds via SNIPEF's 'Need a Plumber'	website, referrals from Scottish Water	r, N.I.Water
Apprentice Training Funding	3		
Public & Employers' Liabilit	v Insurance scheme		
rabile of Employers Elability	y modrance seneme		
	caff on issues such as Employment,	, Health & Safety, Technical etc	
Advice from professional st	caff on issues such as Employment,	, Health & Safety, Technical etc changes to wage rates, holiday pay etc	
Advice from professional st	caff on issues such as Employment,	changes to wage rates, holiday pay etc	
Advice from professional standard Access to members only was Becoming a member of the	caff on issues such as Employment, rebsite which keeps you aware of c	changes to wage rates, holiday pay etc	
Advice from professional st Access to members only w Becoming a member of the Joining the Approved Certif	caff on issues such as Employment, rebsite which keeps you aware of control water Regulations Approved Cor	changes to wage rates, holiday pay etc ntractor Scheme CS)	

STEP 7- Where did you hear about SNIPEF? Previous employer was a member Was a member before Via trade merchants Via Scottish Water Via Northern Ireland Water Other STEP 8- Declaration After we receive your application we will check all the information you have sent and then contact you to discuss your application. By completing, signing and returning this form you consent to SNIPEF checking the data you have supplied and also to contact your Local Authority Trading Standards Office or other appropriate statuory bodies to check your trading history. We will also undertake an inspection of work carried out by your business within 12 months of you being accepted as a member. The cost of your membership will be charged once you have met all of required criteria. A non-refundable application fee of £50 +VAT will be payable before we start the application process. If you require any further information about SNIPEF or the application process please call 0131 556 0600 option I Your name Your signature Proprietor Your Designation **Partner** Director I have read the Duties of a Licensed Business (January 2010) and by signing this application confirm my acceptance of this document and the membership conditions. A copy of the "Duties of a Licensed Business" can be downloaded from the SNIPEF website (www.snipef.org).