

SAVA Certification Scheme

Home Inspector Application Form With Declarations, and Registration Payment Form

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 Registration Payment 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 8 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 be a registered Home Inspector with the Scheme. 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 registration@nesltd.co.uk.

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

SAVA Certification Scheme
Registration Services
National Energy Centre
Knowhill
Milton Keynes
MK5 8NA

Filename: NES/38d
Date: 27/11/08
Version: 11

Section 1: Personal Details

Title		Full name	
Previous name (incl. maiden name)			
House name/no			
Street			
Town/city			
County			
Postcode			
Time at this address (years/months)			
		If you have lived at this address for less than 3 years, please complete below:	
House name/no			
Street			
Town/city			
County			
Postcode			
Time at this address			
Email address			
Preferred Telephone Number			
Alternative Telephone Number			
Date of birth (dd/mm/yyyy)			

Section 2: Employment/Self employment status

If you intend to be employed, or self-employed as a Home Inspector, please fill in the relevant details below.

TABLE ONE - EMPLOYMENT

Company name	
Address & postcode	
Telephone	
Position held	
Date employment commenced (mm/yyyy)	

TABLE TWO – SELF EMPLOYMENT

Trading name	
Trading Address & postcode	
Trading Telephone No	
Date self-employment commenced (mm/yyyy)	

Section 3: Details of Qualifications

To be eligible to be a member of the Scheme you must hold a relevant qualification, which is issued by an approved awarding body. All applicants must complete the table below whether or not a copy of their Diploma/Certificate is being sent to the Scheme with this application.

For guidance please see Section 3. of "How to Apply for Membership".

Name of qualification	
Awarding body	
Assessment Centre	
Certificate/Diploma number	
Date Certificate/Diploma issued	
I have not yet qualified, but expect to on -	

Section 4: 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)	

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

(Please use continuation sheets if necessary)

Section 5: Insurance

Please use the boxes below to indicate:

1. That I would like to use the Scheme's own combined Professional Indemnity and Public Liability Insurance policy, or
2. That I would like to use my/my Employer's policy, and therefore attach copy Insurance Certificates and a Broker's letter.

Section 6: 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 the Scheme to 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.

Either write "None" in this box:

Or please provide details of:

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.

Section 7: You may choose to provide us with any or all of the optional details listed below, which will then be placed on the Central Register for Home Inspectors:

A contact address	
A web-site address	
An email address	
A telephone number	
Your professional qualifications	
Your work specialisms (not more than 100 characters)	
A company name	
Required post-code coverage (2-4 characters per code, to a maximum of 255 characters)	

Section 8: The Documents required to accompany this form, or to be sent by e-mail

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

- 1a. The two signed copies of the SAVA Scheme Membership Agreement;
- 1b. The two signed copies of the NHER Scheme Membership Agreement;
- 2. 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;
- 3. If you are not qualified through SAVA, your original qualification Certificate/Diploma. This document will be returned to you;
- 4. A photocopy of the photo-card and paper counterpart of your current UK Driving Licence;
- 5. Copies of any documents relating to any matter disclosed under Section 9 below;
- 6. A recently taken digital photograph of yourself to be emailed to registration@nesltd.co.uk;
- 7. The Verifile consent form and the ABBE request form;

Section 9: Declarations

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

1. I understand that the following information will be publicly available on the Central Register of Home Inspectors whilst I am active:
 - my name
 - my unique Membership number (which we will issue to you)
2. I understand that the following information will be publicly available on the Scheme's Home Inspector register:
 - my name
 - my unique Membership number (which we will issue to you)
 - my Membership status (active, suspended, withdrawn or not active)
3. I agree that the information which I disclose in this form, including any personal data, may be shared with other Accreditation or Certification schemes, the operator of the Central Register for Home Inspectors, and Communities and Local Government, and any employee, sub-contractor or agent acting on their behalf. I also agree that the Scheme may pass my name and contact details to its employees, sub-contractors or agents to enable them to fulfil aspects of the Scheme Rules.
4. I have read and understood the following documents which I agree I will have to comply with in order to be a member of the Scheme:
 - the Scheme Rules
 - the Scheme Membership Agreement;
 - the Duties and Responsibilities of Home Inspectors
 - the IDRS Appeals and Consumer Complaints processes
 - the Inspection and Reporting Requirements
5. I have read and agree the details of the Scheme insurance requirements as set out in the Scheme Rules.
6. I agree that you will use a specialist outside agency to check upon my identity, financial history, and any Criminal Record, I understand that any information the Scheme receives will be safeguarded under the Data Protection Act, and will only be used for the purposes of pursuing my application to become a Member.
7. 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.
8. I confirm that when I commence operations as a HI, I will have in place a Customer Complaints policy that meets the standards set out in the Rules
9. I agree to notify the Scheme immediately of any changes in my situation or if there is a change in my personal circumstances that mean I am unable to undertake inspections.

Signature..... Date.....

SAVA Certification Scheme Registration Payment Form

Payment is by **credit or debit card** only. Please complete the statement below:

1. I wish to join the Scheme on (mm/yy).....,and I
therefore authorise SAVA to charge my card (details below) the amount of
£..... (being calculated from the Payments and Charges Schedule).

Paying Software fee up front £287.50

Spreading Software Licence Fee over the first 100 reports £0.00

Signature:

For completion by the applicant:

Name of Applicant			
Name on card			
Card billing address			
Card number			
Card type			
Security code (3 digit number on back of card)		Issue number*	
Start Date *		Expiry Date	

* if applicable

For completion by SAVA:

Date of transaction			
Total cost			
Authorisation code			
Actioned by		Date	

If you are part of a Scheme Corporate Member Agreement certain Payments and Charges may be different. Please contact the Scheme for details.