

Registration Scheme for Memorial Masons— Application & declaration

This application form is designed to:-

- Provide the Council with information to help determine which applicants are suitable for inclusion on the Registration Scheme for Memorial Masons;
- Ensure that all applicants are given equal and fair consideration.

To enable your application to be assessed accurately please ensure you provide all the information requested and **answer all sections in full.**

The application will be dealt with on a pass/fail basis. If your organisation fails to pass one of the sections in the application or fails to sign the declaration at the end of the application form, your application may be deemed invalid and will not be considered further. Should this occur you will have to complete a new application.

1 Business details	
Business name	<input type="text"/>
Registered address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Phone number	<input type="text"/>
Address for correspondence (if different from above)	
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Please specify type of business (tick box)	
Sole Trader	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Private Company	<input type="checkbox"/>
Public Company	<input type="checkbox"/>

1 Business details (continued)

Contact name (Authorised Signatory of organisation)

Position in business

Email

Phone number

No. of vehicle permit notices required

2 Insurance

Applicants should refer to the Council's insurance requirements for scheme members in the attached Scheme Rules. Applicants shall provide the following information in relation to the insurance held by them as requested below.

Public Liability (third party) Insurance

Name of Insurers

Policy Number

Renewal Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Limit of Indemnity

Does the policy contain the following

Contractual Liability

Yes

☐

No

☐

Exclusions in relation to the work being performed (i.e. restriction to height, depth) if yes please give details below

Yes

☐

No

☐

In the event of registration onto the Scheme, and where your insurance cover falls below the Council's minimum levels, please confirm whether you are willing to increase insurance levels to comply with the council's insurance requirements stipulated above

Yes

☐

No

☐

Do your policies cover your liability for acts of sub-contractors? If no please state reason

Yes

☐

No

☐

Please confirm that you will notify the Council of any change in cover and/or insurer

Yes

☐

No

☐

Please tick box confirming a copy of your insurance policy is enclosed with this application

☐

3 Certificate of compliance

Proof is required which certifies that all work carried out on the installation of a memorial complies with BS 8415, that is supported by the National Association of Memorial Masons (NAMM) Code of Working Practice and British Register of Accredited Memorial Masons (BRAMM) The Blue Book.

Please tick box confirming method of proof

A copy of your compliance is enclosed with this application

☐

Your Business is listed on RQMF Register

☐

4 Declaration

Having read the requirements of the Registration Scheme for Memorial Masons (“the Scheme”) I hereby:-

- Apply to join the Scheme and undertake (on behalf of the organisation named in this application) to comply with the Scheme and the Rules and Regulations, including:-
 - health and safety requirements
 - insurance requirements
 - installation and maintenance specifications
 - inspection procedures
 - all other requirements and specifications in the attached Rules and Regulations, the specification and in any form issued to me/ my organisation by the Council under the Scheme.

I confirm and declare:-

- I have read and understand the Rules govern the Registration Scheme for Memorial Masons
- I certify that the information supplied is, to the best of my knowledge accurate
- I Understand that providing false information could result in our exclusion from the Scheme and if discovered at a later date could result in dismissal from the Scheme
- I certify that I hold current policies of insurance to the limits specified in the Scheme rules and certify that if I do not do so and I am accepted as a Scheme Member I will put such insurance in place prior to the date of registration

Authorised signatory of business

Name

Business

Position

Signature

Date

Day

Month

Year

Date application received

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Accepted to Scheme

Yes

☐

No (If not accepted state reason)

☐

Date of Registration

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Renfrewshire Council Registration Scheme No

Acceptance authorised by

Name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Environment, Housing & Infrastructure

Neighbourhood Services—Bereavement & Burials

Renfrewshire House, Cotton Street, Paisley, PA1 1BR

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