



Information Membership Criteria

NASC information membership is open to all UK registered businesses which provide products and services to the access and scaffolding industry.

NB This membership category is not open to scaffolding contractors or suppliers of scaffolding products covered by the NASC Code of Practice audit.

In order to become a member an applicant must be able to demonstrate that it has met the following criteria:

Trading

The applicant must have been trading for 12 months and be able to produce financial statements for the period prepared by the accountants for the owners.

Insurance

The applicant must hold adequate levels of insurance appropriate to the business.

Training

Applicants which provide scaffolder training must be a registered CISRS training provider.

Code of Conduct

Applicants must be prepared to abide by the NASC Code of Conduct and the NASC Bye Laws and Rules.



NASC INFORMATION MEMBERSHIP APPLICATION FORM

1. GENERAL

a) Company Name:

Company registration number: Date of registration:

Which of the following applies to the business/organisation? (Delete as applicable):

Public Limited Company

Limited Company

Limited Liability Partnership

Partnership

Sole Trader

b) Provide full names (on a separate sheet) of all the officers of the business i.e. company directors, company secretary, partners and/or proprietor as applicable.

c) Are any current officers of the business (and/or persons with a financial interest) currently or previously disqualified from acting as a company director? If yes, provide details (on a separate sheet).

d) Number of years trading (minimum requirement 12 months):

e) Principal business address:

.....
.....

Tel:

Email address:

Website:

f) Principal contact (for NASC matters):

Name: Position:

Tel: Email:

g) Registered address (if different to principal business address):

.....
.....

h) Is the business a member of a group of companies? Y N

If yes, give the name and address of this group (on a separate sheet) indicating telephone number and email address.

i) Does the business have more than one operating branch? Y N

If yes, provide details (on a separate sheet) of company branches indicating telephone and email address for each branch.

2. NATURE OF BUSINESS

a) Please tick as appropriate:

Principal Contractor

Health & Safety Consultancy

Training Provider

Insurance Provider

Scaffolding Security

Other business operation (give details)

.....
.....

b) How will your business, and/or product, be of service to the scaffolding industry and to NASC members?

.....
.....

3. FINANCIAL

a) Indicate the total turnover for the last completed financial year:

Financial Year To (mm/yy): TURNOVER:

Please provide a copy of full accounts for the last completed financial year as prepared and signed by your accountants/auditors.

b) Provide details of business accountants/auditors (include name, address and contact name and telephone number).

.....
.....

4. INSURANCE

a) Indicate the level of Employers Liability Cover £.....

b) Indicate the level of Public Liability Cover £.....

Enclose copies of current Employers Liability and Public Liability insurance certificates. These must state level of cover, policy number and expiry date.

c) Does the business have Professional Indemnity Cover?

If yes, please provide copy of certificate.

5. TRAINING (This section is only applicable to organisations which provide scaffolder training)

It is a requirement for any member business offering scaffolder training to be a CISRS accredited training centre. Please complete the following:

a) CISRS Registration number:

b) Details of training offered:

.....
.....

6. REFERENCES

Please provide two references and indicate company name, address, project name, contact name and contact telephone number:

1.....

.....

2.....

.....

7. DECLARATION

I hereby declare that I have checked the information provided is accurate and correct:

Name (print):

Title:

Signature:

Date:



CHECKLIST

Please ensure that you complete and return this checklist with all requested enclosures fully cross referenced with this application form. Failure to include all relevant items could result in this application being unsuccessful.

- Details of business officers etc (section 1b)
- Details of disqualified officers or persons with financial interest etc (section 1c)
- Group details (section 1h)
- Details of business branches (section 1i)
- Full set of business accounts for the last financial year (section 3a)
- Current Employers Liability and Public Liability insurance certificates (section 4a & b)
- Professional Indemnity certificate (if applicable) (section 4c)