



# application for corporate membership

## SSIP DEEMED TO SATISFY APPLICATION INFORMATION ABOUT YOUR ORGANISATION

|   |   |                                  |                   |
|---|---|----------------------------------|-------------------|
| <b>Your Organisation's name:</b>  |   |                                  |                   |
| <b>Address:</b>   |   |                                  |                   |
|   |   |                                  |                   |
|   | <b>Town/City:</b>                       |                                  |                   |
|   | <b>Postcode:</b>                        |                                  |                   |
|   |   |                                  |                   |
| <b>Date this information supplied:</b>  |   |                                  |                   |
|   |   |                                  |                   |
| <b>Your contact details for the Assessment:</b>   |   |                                  |                   |
| Email:  |   |                                  |                   |
| Mobile phone:   |   |                                  |                   |
| Office/work phone:  |   |                                  |                   |
|   |   |                                  |                   |
| <b>Name of an APS Incorporated / Certified member in your Practice:</b>   |   |                                  |                   |
| <b>My company is an existing corporate member:</b>  |   | <b>APS Corporate Number:</b>     |                   |
|   |   | <b>Number of Employees (UK):</b> |                   |
|   |   |                                  |                   |
| <b>Do you have other operational offices in the UK?</b>   | Yes / No <i>(delete as appropriate)</i> |                                  |                   |
| <b>If yes please state how many:</b>  | Number of offices:- _____               |                                  |                   |
|   |   |                                  |                   |
| <b>Which of the following services do you wish to apply for?</b>  |   | Principal Designer               |                   |
|   |   | Designer                         |                   |
| <b>Do you have a current SSIP Scheme certificate? A copy with corresponding entry on the <a href="#">SSIP Portal</a> required</b> |   | <b>Scheme name:</b>              | <b>CDM Scope:</b> |
|   |   |                                  |                   |

APS offers the following categories of Corporate membership:

- Principal Designer
- CDM Adviser (covering Client Adviser and Principal Designer Adviser)
- Designer

This application form covers Principal Designer and Designer only under SSIP Deemed to Satisfy. If you wish to apply for the non-statutory roles of .Consultant to Principal Designer (PD Adviser), and CDM adviser, please use the form SSIP DEEMED TO SATISFY APPLICATION – CDM ADVISER ROLES.

## PART 2 – SPECIFIC (This Part is to be completed as appropriate.)

### Pricing Structure

| CORPORATE MEMBER - SSIP Deemed to satisfy (DTS) arrangements     |  |      |       |        |           |      |
|--|--|------|-------|--------|-----------|------|
|  |  | 1-10 | 11-40 | 41-100 | 101 – 500 | 501+ |
| DTS Admin Fee for initial and each subsequent DTS verification * |  | 50   | 50    | 50     | 50        | 50   |
| Annual Subscription (if due)                                     |  | 300  | 450   | 650    | 750       | 850  |

\* NB If the renewal date for your DTS Certificate does not coincide with the renewal date for your APS Corporate Membership, it is important that you send in an updated DTS certificate upon its expiry in order to retain your APS Corporate Membership.

|   |   |                       |   |                |                         |                   |
|---|---|-----------------------|---|----------------|-------------------------|-------------------|
| I enclose a cheque for the above amount made payable to: <b>The Association for Project Safety:</b>   |   |                       |   |                | OR: Pay by Credit Card: |                   |
| Card No:  |   |                       |   |                |                         |                   |
| Start Date (MM/YY):   | / | Expiry Date: (MM/YY): | / | Security Code: |                         | Issue No (Switch) |
| Card Holder Name:   |   |                       |   |                |                         |                   |
| Billing Address:  |   |                       |   |                |                         |                   |
| Cardholder Signature:   |   |                       |   |                |                         |                   |
| <p>I declare that:</p> <ul style="list-style-type: none"> <li>The information provided is true and accurate;</li> <li>I accept that APS reserve the right to confirm such information;</li> <li>Any relevant information to demonstrate compliance requested by APS will be made available during the assessment process;</li> <li>As a Corporate Member, we will ensure all employees who are APS Members will abide by APS Rules and Code of Conduct, and the company will contribute an amount not exceeding £1 to the Company's assets in the event of its dissolution or winding up of the Company in accordance with the Memorandum of Association of the Company; and</li> <li>I will accept that the decision on my application is based on the information provided during the assessment by me and that the decision is final. Registration and the issuing of my registration certificate are dependent upon payment of both the assessment fee (non-refundable) and the annual subscription fee.</li> </ul> |   |                       |   |                |                         |                   |
| Signature:  |   |                       |   |                | Date:                   |                   |