

Design Membership Criteria

NASC design membership is open to all UK registered businesses which provide designs to the access and scaffolding industry.

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 in the UK for 12 months as a limited liability company, or limited liability partnership, and be able to produce financial statements for the period prepared by the accountants for the owners.

Insurance

The applicant must hold Professional Indemnity Insurance of £1 million and Public Liability and Employers' Liability Insurance appropriate to the business.

Training and Competence

The applicant must demonstrate that designers or principal designers employed by the business hold as a minimum:

- An HNC qualification in Civil, Structural, or Mechanical Engineering, preferably registered with one of the recognised engineering institutions i.e. ICE, IStructE, IET etc;
- and/or has a minimum 5 years proven experience in a scaffolding design office;
- and/or has a minimum 5 years proven experience in a principal contractor's temporary works design department.

Or equivalent levels of qualifications and experience.

Code of Conduct

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



NASC DESIGN MEMBERSHIP APPLICATION FORM

GENERAL Company/Partnership Name:
Business registration number:
Which of the following applies to the business? (Delete as applicable): Public Limited Company □ Private Limited Company □ Limited Liability Partnership □
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 company (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 If yes, give the name and add address.	of a group of companies? lress of this group (on a separate sheet) i	Y □ N □
•	ore than one operating branch? eparate sheet) of company branches indic	Y □ N □ cating telephone number and email
	of service to the scaffolding industry and t	to NASC members?
2. FINANCIAL a) Indicate the total turnover to	or the last completed financial year:	
Financial Year To (mm/yy)	: TUF	RNOVER:
Please provide a copy of fu your accountants/auditors.	ll accounts for the last completed fina	ncial year as prepared and signed by
b) Provide details of business number).	accountants/auditors (include name, ad	dress and contact name and telephone
3. INSURANCE a) Indicate the level of Emplo	yers Liability Cover	£
b) Indicate the level of Public	Liability Cover	£
Enclose copies of current Emcover, policy number and exp		ance certificates. These must state level of
	sional Indemnity Cover (minimum £1m) al Indemnity certificate. This must state le	£evel of cover, policy number and expiry
d) Please provide details (on previous 12 months, if any.	a separate sheet) of any disputes raised	by your clients/third parties over the
4. TRAINING & COMPETEN a) How many employees are	CE currently engaged in scaffolding design v	vithin the business?
Please provide full details (on	a separate sheet(s)) of the following for	all designers:
i) Current C.\ ii) Qualificatio iii) Engageme		or, self-employed etc)
b) Please provide details (on	a separate sheet) of the last 12 months (CPD for personnel engaged in scaffolding

c) Please provide details (on a separate sheet) of future scaffolding specific training the business has planned for

design.

employees over the next 12 months.

a) Please provide two references and indicate company name, address, project name, contact name and contac telephone number:
1
2
b) Please provide bona fide copies of any client/local government/authorising bodies certificates and/or endorsements you have gained within the last two years.
6. DECLARATION I hereby declare that I have checked the information provided is accurate and correct:
Managing Director/Partner's Name (print):
Signature:

Date:

5. REFERENCES



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 company officers etc (section 1b)
- Details of disqualified officers or persons with financial interest etc (if applicable) (section 1c)
- Group details (if applicable) (section 1h)
- Details of company branches (if applicable) (section 1i)
- Full set of business accounts for the last financial year (section 2a)
- Copies of Employers Liability & Public Liability certificates (if applicable) (section 3a & b)
- Copy of Professional Indemnity certificate (section 3c)
- Details of disputes raised by clients/third parties over previous 12 months (if applicable) (section 3d)
- Details of all persons engaged in scaffolding design inc CV, Qualifications etc (section 4a)
- Details of CPD for scaffold designers (section 4b)
- Details of future training for scaffold designers (section 4c)
- Copies of Client/Local Government bodies certificates and endorsements awarded (Section 5b)