

Membership Application form

Including Scheme Certification/Registration



IMPORTANT: IF YOU ARE ONLY SEEKING TO APPLY FOR ELECTRICAL WORK USE THE "APPLICATION FORM FOR ELECTRICAL WORK ONLY".

This application form is for companies wishing to receive certification of competence and approval under one or more of the following schemes: NAPIT Membership (in all cases), Competent Person Scheme (CPS), Electrotechnical Assessment Specification Certification (EAS), Electrical Third Party Certification (TPC), Microgeneration Certification Scheme (MCS), Energy Efficiency Scheme (EEM), and TrustMark (TM). This main form should be accompanied by supplementary forms where indicated. There is a separate form for Associate Membership, Corporate Membership, Electrical Duty Holder Membership and Student Membership. This form should not be used for extensions to scope or amendments to details (please use the appropriate form for each of these).

Please Note: Your assessment cannot be arranged until the requested payment, documents and application form have been received and processed. Please fill out this application form in CAPITAL LETTERS using black ink and return with all required supporting documents then email to: applications@napit.org.uk or post to NAPIT Administration Centre, 4th Floor Mill 3, Pleasley Vale Business Park, Mansfield, Nottinghamshire NG19 8RL

If you have any problems filling in this form please contact our Registrations Advisors who will be happy to assist, on 0345 543 0330

| 1. Company Details | | | |
|---|--------------------------|--|--------------------------|
| Sole Trader | <input type="checkbox"/> | Partnership | <input type="checkbox"/> |
| Limited Company | <input type="checkbox"/> | Company Registration No <input type="text"/> | |
| Other | <input type="text"/> | | |
| Company registered name | | Company trading name | |
| Building number or name | | Street | <input type="text"/> |
| District | <input type="text"/> | Town | <input type="text"/> |
| County | <input type="text"/> | Postcode | <input type="text"/> |
| Business telephone number | | Fax Number | <input type="text"/> |
| Enquiry email address | | Website address | |
| Please tick the box if you operate from multiple offices or have over 10 operatives/subcontractors carrying out work applied for (we will then contact you for further details and standard pricing may not apply) <input type="checkbox"/> | | | |

Details given above must be those which you wish to be made public on the relevant registers as detailed in section 8

| 2. Nominated Representative Details (Primary contact) | | | |
|---|----------------------|---------------------|----------------------|
| (if you need to have separate contacts for different purposes please let us know on a separate sheet) | | | |
| Title (Mr/Mrs/Miss/Ms/Other) | <input type="text"/> | Position | <input type="text"/> |
| Surname | <input type="text"/> | Forename(s) | <input type="text"/> |
| Telephone number (if different) | <input type="text"/> | Mobile phone number | <input type="text"/> |
| Email address | <input type="text"/> | | |

| 3. Nominated Technical Person (To be completed by Microgeneration applicants only) | | | |
|--|----------------------|---------------------|----------------------|
| The Nominated Representative above can also be the Nominated Technical Person providing they are technically competent. Tick box if this applies, other wise provide additional details below. | | | |
| Surname | <input type="text"/> | Forename(s) | <input type="text"/> |
| Telephone number (if different) | <input type="text"/> | Mobile phone number | <input type="text"/> |
| Email address | <input type="text"/> | | |

| 4. Scope of Application | | | |
|--|--------------------------|------------------------|---|
| Please indicate below the nature of work that you undertake, or membership sought. Then complete and attach the supplementary form(s) indicated in the table below, where you will be asked to indicate the schemes under which you wish to carry out this work | | | |
| Area of Work / Membership Category | Tick | Supplementary Form(s)* | Schemes Available (more information on supplementary forms Abbreviations are as per the statement at the top of this form.) |
| Electrical work (excluding Jersey) | <input type="checkbox"/> | FORM E | CPS, EAS, TPC, GDI, EEM, TM |
| Microgeneration work | <input type="checkbox"/> | FORM M | MCS, EEM, CPS, GDI, TM |
| Heating work | <input type="checkbox"/> | FORM H | CPS, EEM, GDI, TM |
| Ventilation & air conditioning work | <input type="checkbox"/> | FORM V | CPS, EEM, GDI, TM |
| Plumbing work | <input type="checkbox"/> | FORM P | CPS, EEM, GDI, TM |
| Building fabric work | <input type="checkbox"/> | FORM B | CPS, EEM, GDI, TM |

| 5. Insurance | | | |
|---|--|--------------------|--------|
| Public Liability Insurance | | | |
| Insurance company | | Policy number | |
| Cover (£) | | Policy expiry date | |
| Professional Indemnity Insurance (Where relevant) | | | |
| Insurance company | | Policy number | |
| Cover (£) | | Policy expiry date | |
| If you do not have insurance in place we do have our own insurance team, please tick here to request a call back <input type="checkbox"/> | | | |
| 6. Previous/other certification or legacy issues | | | |
| If you have been a member of NAPIT before please provide your membership number: | | | |
| If you are transferring from another certification/ registration body please state their name: | | | |
| In relation to the scope of certification/ registration/membership applied for please answer the following questions | | | |
| Are you currently a member of another certification/ registration body or these activities | | | YES NO |
| Have you ever had certification/ registration withdrawn or suspended? | | | |
| Have you ever made an unsuccessful application for certification/ registration | | | |
| Do you have any open non-conformities, improvement actions or open complaints? | | | |
| Is there any open or pending legal action against the company relating to the activities applied for? | | | |
| If the answer to any of the above items is "YES" please provide details below or attach further information | | | |
| | | | |
| 7. Geographical Coverage (please indicate the regions where you are active) | | | |
| England | | Wales | |
| Scotland | | N.Ireland | |
| Other (e.g. IoM, Jersey etc) | | | |
| 8. Public Registers | | | |
| Your company name, scheme membership number, and the status of your membership will be automatically made public. Successful applicants will be listed on www.napit.org.uk and details will be shared with relevant Scheme Administrators and other parties as described in the relevant NAPIT Scheme Rules.* | | | |
| 9. Declaration by an Authorised Representative of the Company (this MUST be a Director, Partner or Owner of the Company) | | | |
| I confirm that the information provided in this application is correct and where applicable, I consent to share the details of any individuals named on this form or any supplementary form for the purposes of processing and maintaining any membership that may arise from this application. Any changes will be notified to NAPIT in writing | | | |
| By signing this agreement, you authorise NAPIT to carry out credit checks on you and your business throughout the term of your membership, as required by the NAPIT Scheme rules.* | | | |
| I have read, understood and agree on behalf of the company named in this application to abide by the relevant NAPIT Scheme Rules* and all documents referred to therein. I understand that I may be asked to provide further information in order to progress with this application | | | |
| Name | | Position | |
| Signature | | Date | |
| 10. Promotional Code | | | |
| A promotional code may be applied to this application only if provided by NAPIT or its supporting partners under applicable circumstances e.g. exhibitions/trade events, campaigns, promotional offers etc. Terms and conditions* may apply. | | | |
| 11. Payment | | | Tick |
| Payment already arranged via NAPIT Registration team | | | |
| Request a call back by our Registration team to discuss payment options (Cash, BACS, Direct Debit) | | | |

Important Notes:

- The supplementary forms indicate that the estimated assessments are based on assumptions that all items applied for can be assessed on the arranged visit. Where that is not possible additional fees could arise, but this should be identified before the assessment goes ahead.
- The initial payment only relates to the application, and initial assessment, for certification/ registration. Other fees will apply for other activities (for example experienced worker route assessment, reassessment, renewal, work notification, cancelled assessments).
- If the operative information provided indicates the need for an Experienced Worker Route (EWR) assessment, NAPIT will contact you to discuss the process and fees involved. This is available for heating, ventilation air conditioning and plumbing operatives.
- MCS applicants should note that they must join a CTSI Approved Consumer Code Scheme which is not done via NAPIT and incurs additional charges from the Approved Consumer Code Scheme.

*5. For NAPIT scheme rules and Terms and Conditions please visit www.napit.org.uk

Application form P: Plumbing Work



TRUSTMARK
Government Endorsed Quality



Plumbing work can be assessed and certificated to meet the requirements of the following Government* schemes. Please indicate below which schemes you wish to join then complete the scope of assessment table to give more detail about the nature of your work.

| | |
|----------------------|--|
| Company Name: | |
|----------------------|--|

| Available Schemes | | Tick |
|-------------------|---|------|
| CPS | Competent Person Schemes (CPS) allowing self-certification against the Building Regulations in England and Wales. | |
| EEM | Energy Efficiency Measures (EEM) via PAS2030 certification for installing energy efficiency measures including funding initiatives such as Energy Company Obligation (ECO). To carry out work under ECO, you will also need to be TrustMark registered. | |
| GDI | Green Deal Installer (GDI) in addition to EEM certification an assessment against the Green Deal Code of Practice allows listing as a green deal participant for carrying out installation work funded with Green Deal finance. | |
| TM | TrustMark is a scheme to help consumers identify a reputable tradesperson. NAPIT Scheme Members doing domestic work are eligible to be listed where relevant as "Plumber" on the TrustMark site. | |

ASSESSMENT

For plumbing work, assessments will be arranged based on the scopes applied for below. Assessment includes competence and installation work against the Minimum Technical Competence document. Where the scope includes EEM work assessments will be against the standard PAS2030.

Column A is used to identify how many site assessments are needed and column B to determine the detailed scope of certification. It is assumed that all the items in column B will be available to assess competence on the visit (generally the most complex system will be seen). If the visit requires more than one site only those within a 30 minute journey will be valid without further charges.

| Scope of Assessment | Tick (A) | Schemes | Scope of Certification within the Assessment | Tick (B) |
|--|----------|-------------------|--|----------|
| Plumbing appliances and components | | CPS, TM | Sanitary ware | |
| | | CPS, EEM, GDI, TM | Water efficient taps and showers | |
| Cold water supply | | CPS, TM | Wholesome cold water supply | |
| | | CPS, TM | Non-wholesome cold water supply to a sanitary convenience | |
| Hot water systems (note: if you have applied for these under heating or microgeneration do not apply again here) | | CPS, TM | Unvented hot water storage vessels | |
| | | CPS, TM | Vented hot water storage vessels | |
| | | CPS, EEM, GDI, TM | Hot water storage and systems | |
| | | CPS, EEM, GDI, TM | Hot water system controls and components | |
| | | EEM, GDI, TM | Hot water system insulation (pipework, cylinders, ducting) | |
| | | CPS, EEM, GDI, TM | Wet underfloor heating systems | |
| | | CPS, EEM, GDI, TM | Waste water heat recovery devices attached to showers | |

| Number of Competent Operatives | |
|--|--|
| Enter the total number of competent operatives for the above scope of work and complete the following page for each of them. | |

* Various terms are used by government departments, CPS is "authorised", Green Deal "licensed" and TrustMark "endorsed".

Operative details

(Refer to the document "[NAPIT Registration Guide to Qualifications Requirements – Plumbing](#)")

If you have several operatives please photocopy this form for each individual. If you have over 10 please contact NAPIT on 0345 543 0330

| A. Personal details (These will be held in accordance with the Data Protection Act) | | | |
|---|--|------------------------|--|
| Title (Mr/Mrs/Miss/Ms/Other) | | National Insurance No. | |
| Surname | | Date of birth | |
| Forename(s) | | | |

| B. Scope of plumbing competence claimed (Please select all that apply) | | | |
|--|--------------------------|-------------------|--------------------------|
| Install/replace sanitary ware | <input type="checkbox"/> | Cold water supply | <input type="checkbox"/> |
| | | Hot water systems | <input type="checkbox"/> |

| C. Applying as an existing or previous (last 2 years) registered competent person | |
|---|--|
| Name of Registration Body | |
| Date of last assessment | |

| D. Applying as a qualified person or an experienced person | |
|---|--------------------------|
| Applying holding relevant qualifications or certificates. See Qualifications Guide and complete E, F and G below | <input type="checkbox"/> |
| Applying without formal qualifications but with >3 yr experience Complete F and G below, you will need an EWR Assessment | <input type="checkbox"/> |

| E. Details of qualifications held | | |
|---|------------|-------------|
| (Please refer to the Qualifications Guide and identify those which satisfy each of the following requirements, if you hold a qualification not listed in the Guide that you think is satisfactory please contact NAPIT for it to be considered) | | |
| Area of competence | NAPIT Code | Date Gained |
| Installation and replacement of sanitary ware (core plumbing work) | | |
| Cold water supply (including unwholesome water) | | |
| Hot water systems (e.g. unvented hot water storage) | | |

| F. Indicate how many years' experience you have in each area of plumbing work | |
|---|----------------------|
| Cold water plumbing work | <input type="text"/> |
| Hot water plumbing work | <input type="text"/> |

| G. Details of plumbing competence history (entries should cover relevant plumbing experience) | | | |
|---|---------|--|-----------|
| Date From | Date To | Employer / sole trading or training organisation | Role held |
| | | | |
| | | | |
| | | | |

Please enclose/email:

1. Copies of all qualifications/certificates indicated above (or evidence of previous registration for section C).
2. Email us a clear head and shoulders image from any device or send us two copies of a head and shoulders photograph with the name of the individual clearly written on the back.