

BRAMM

BUSINESS REGISTRATION

APPLICATION FORM

Post your application to:

**BRAMM
Room F17
Kestrel Court
Waterwells Business Park
Gloucester
GL2 2AT
Telephone: 01452 346741
E-mail: bramm@bramm-uk.org
Web site: <http://www.bramm-uk.org>**

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APPLICATION FORM FOR BUSINESS REGISTRATION

PLEASE NOTE – THIS SECTION IS FOR YOUR MAIN BUSINESS ONLY – THERE IS A SEPARATE APPLICATION FORM FOR BRANCHES. PLEASE COMPLETE IN BLOCK CAPTALS.

TRADING NAME OF BUSINESS.....

ADDRESS.....

.....

.....

..... **TOWN**

COUNTY..... **POST CODE**

TEL NO **FAX NO**

EMAIL ADDRESS

WEB SITE

CONTACT NAME

STATUS OF BUSINESS (please tick the appropriate box)

Limited Company

Partnership

Sole Trader

Other

FOR LIMITED COMPANIES AND PARTNERSHIPS PLEASE LIST DIRECTORS / PARTNERS

1.

2.

3.

FOR SOLE TRADER AND OTHER CATEGORIES PLEASE LIST MAIN CONTACTS

1.

2.

3.

DATE ESTABLISHED

DESCRIPTION OF BUSINESS

PLEASE LIST YOUR BRAMM REGISTERED FIXER(S) OR IF YOU DO NOT HAVE A BRAMM REGISTERED FIXER, WHO WILL BE FIXING AND INSTALLING THE MEMORIALS

BRAMM Registered Fixers [Include name(s) and License Number(s)]

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OR

Company Name

BRAMM Business Registration No B0.....

IF THIS SECTION IS NOT COMPLETED WE WILL NOT BE ABLE TO PROCESS THE APPLICATION FOR BUSINESS REGISTRATION

ARE YOU A MEMBER OF NAMM? YES / NO

HAS YOUR BUSINESS EVER BEEN BARRED FROM PERFORMING WORK IN ANY BURIAL GROUND, WHETHER IN A COUNCIL'S AREA OR ELSEWHERE WITHIN THE LAST 2 YEARS? YES / NO

IF YES PLEASE SUBMIT DETAILS

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PLEASE INDICATE WHICH NAMM ACCREDITED GROUND ANCHOR SYSTEMS YOU USE

- | | | |
|----|--|--------|
| 1. | NAMM's Anchor System | Yes/No |
| 2. | Myatt & Leason's Anchor System | Yes/No |
| 3. | Nettlebank Anchor System | Yes/No |
| 4. | C.C.A. Anchor System | Yes/No |
| 5. | The Blast Shop System | Yes/No |
| 6. | Stephen Hill Memorials (AOR Stone Keel System) | Yes/No |
| 7. | The Memorial Stone Centre Ltd | Yes/No |

IF YOU USE A SYSTEM NOT LISTED PLEASE GIVE DETAILS

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IF YOU DO NOT USE A GROUND ANCHOR SYSTEM PLEASE INDICATE YOUR METHOD OF FIXING

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QUESTIONS 1 - 4 ARE OPTIONAL AND ANSWERS WOULD BE USED TO COMPILE INFORMATION ON THE MEMORIAL MASONRY INDUSTRY

- 1. HOW MANY ADULT MASONRY CRAFTSMEN ARE ENGAGED BY YOUR BUSINESS?
- 2. HOW MANY SEMI SKILLED WORKERS ARE ENGAGED BY YOUR BUSINESS?
- 3. HOW MANY MASONRY APPRENTICES/TRAINEES ARE ENGAGED BY YOUR BUSINESS?
- 4. WHAT PREMISES DO YOU POSSESS FOR MEMORIAL MASONRY WORK?

Customer Reception Area Yes/No

Workshop Yes/No

Display Area Yes/No

If your fixers are intending taking the BRAMM Test Centre Route - please indicate how many fixers require testing.

If your fixers wish to follow the NVQ route then please tick the following box and the CAA Assessment Centre will contact you direct.

Please indicate if your fixers are following the NVQ route and have already made arrangements with an A1 Assessor direct.

Please indicate if your fixers are applying for the NAMM qualification that adheres to City and Guilds standards.

BUSINESS REGISTRATION

YOU MUST RETURN THIS FORM WITH THE FOLLOWING DOCUMENTS. PLEASE DELETE AS APPLICABLE TO INDICATE THEY ARE ENCLOSED.

PLEASE SEND DOCUMENTS 3 & 4 ELECTRONICALLY IF POSSIBLE EITHER BY EMAIL TO bramm@bramm-uk.org (QUOTING THE NAME OF YOUR BUSINESS) OR ON DISC.

N.B. These documents should be saved as pdf files.

- | | | |
|---|-------------------|--------|
| 1. PUBLIC LIABILITY INSURANCE CERTIFICATE | £5,000,000 | Yes/No |
| (Please include a copy of your policy schedule confirming amount of cover.) | | |

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- | | | |
|---|--------------------|--------|
| 2. EMPLOYERS LIABILITY INSURANCE CERTIFICATE | £10,000,000 | Yes/No |
| (Please include a copy of your policy schedule confirming amount of cover.) | | |

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|--|--------|
| 3. CURRENT SUMMARY OF HEALTH & SAFETY POLICY AND DETAILS OF WHERE FULL POLICY IS HELD. | Yes/No |
|--|--------|

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|--|--------|
| 4. RISK ASSESSMENT (Applies on entry through the Cemetery Gate.) | Yes/No |
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If you have not enclosed any of the documents, please give a brief explanation in the space provided.

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