# **Membership Application form**

Jersey - Electrical Only







IMPORTANT: IF THE SCOPE YOU SEEK INCLUDES OTHER TRADES (HEATING, VENTILATION & AIR CONDITIONING, PLUMBING OR BUILDING FABRIC) PLEASE USE THE "APPLICATION FORM FOR CERTIFICATION AND/OR MEMBERSHIP". This application form is for companies wishing to receive certification of competence and approval under the following schemes: NAPIT Membership (in all cases), Competent Person Scheme (CPS), Electrotechnical Assessment Specification Certification (EAS) Electrical Third Party Certification (ETPC), Jersey Bye-law Scheme (JB) and TrustMark (TM). There is a separate form for Associate Membership, Corporate Membership, Electrical Duty Holder Membership and Student Membership. (please use the appropriate form for each of these).

Please Note: Your assessment cannot be arranged until the requested documents and application form have been received.

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. Con	l. Company Details											
Sole Trac	der		Partn	ership	Li	mited Company		Company Registra	ation No.			
Other												
	Company registered name											
			Compa	any trad	ding name	2						
		ı	Building	numbe	r or name	2						
			Street									
		[	District									
			Town									
		C	County							Postcode		
		Bu	siness te	elephor	ie numbe	-			Fax nun	nber (if available)		
Enquiry email address				5								
Website address												
Please of this				many	operative	s you wish to re	gister	as competent. If n	nore than one,	copy the back shee	et	

Details given must be that which you wish to be made public onto 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)		Position				
Surname						
Forename(s)						
Telephone number (if different)		Mobile phone number				
Email address						

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3. Scope of Application							
Please indicate below the nature of electrical work that you undertake.							
Areas of Work							
Electrical installation work under the Jersey Bye-law Scheme							
Electrical installation work outside Jersey							
Domestic electrical installation work under Part P of the Building Re	Regulations (England &	Wales only)					
If this is defined scope electrical work for another trade indicat	te which trade here:						
Domestic electrical installation work to BS 7671 outside Jersey and	d not covered by Part P	(EAS certific	ated)				
Non-domestic electrical installation work to BS 7671 outside Jersey	y (EAS certificated)						
Electrical Inspector Scheme - Electrical Installation Condition Repor	rting (EICR work)						
Please indicate which areas of EICR work you carry out:							
Domestic Industrial Commercial							
Portable Appliance Testing (PAT)							
4. Fee			Prices auc	oted are e	xempt from tax		
Non-Refundable Application Fee				<b>√</b>	£130.00		
					£270.00		
Membership Fee  Please tick to indicate additional memberships required				<b>V</b>	12/0.00		
				Tick	C100.00		
TrustMark membership listed as an "Electrician" on the TrustMark	website				£108.00		
Additional operatives fee (£60.00 per operative)		Number of Operatives			£		
If an extra operative has NOT completed a Certificate of Competen the last 5 years, then an extra operative fee of £300.00 per operative	Number of Operatives			£			
the last 5 years, then an extra operative lee of £500.00 per operative	ive will be required.	0 00.00.00					
the last 3 years, then an extra operative fee of £300.00 per operation	ive will be required.			Total	£		
	ive will be required.			Total	£		
5. Insurance	ive will be required.			Total	£		
5. Insurance Public Liability Insurance				Total	£		
5. Insurance Public Liability Insurance Insurance company	Polic	y number		Total	£		
5. Insurance Public Liability Insurance Insurance company Cover (£)	Polic			Total	£		
5. Insurance  Public Liability Insurance  Insurance company  Cover (£)  Professional Indemnity Insurance (Where relevant)	Policy ex	y number xpiry date		Total	£		
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5. Insurance  Public Liability Insurance  Insurance company  Cover (£)  Professional Indemnity Insurance (Where relevant)  Insurance company  Cover (£)  If you do not have insurance in place or would like to speak with ou a quote and call back  6. Previous/other certification or legacy issues	Policy ex Policy ex Policy ex ur specialist NAPIT Insu	y number  kpiry date  y number  kpiry date  rance Team I					
5. Insurance  Public Liability Insurance  Insurance company  Cover (£)  Professional Indemnity Insurance (Where relevant)  Insurance company  Cover (£)  If you do not have insurance in place or would like to speak with ou a quote and call back  6. Previous/other certification or legacy issues  If you have been a member of NAPIT before please provide your me	Policy ex Policy ex Policy ex ur specialist NAPIT Insu embership number:	y number  xpiry date  y number  xpiry date  rance Team		ck here			
5. Insurance  Public Liability Insurance  Insurance company  Cover (£)  Professional Indemnity Insurance (Where relevant)  Insurance company  Cover (£)  If you do not have insurance in place or would like to speak with ou a quote and call back  6. Previous/other certification or legacy issues  If you have been a member of NAPIT before please provide your me  If you are transferring from another certification/registration body p	Policy ex Policy	y number  kpiry date  y number  kpiry date  rance Team	please tio	ck here	to request		
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5. Insurance  Public Liability Insurance  Insurance company  Cover (£)  Professional Indemnity Insurance (Where relevant)  Insurance company  Cover (£)  If you do not have insurance in place or would like to speak with ou a quote and call back  6. Previous/other certification or legacy issues  If you have been a member of NAPIT before please provide your me  If you are transferring from another certification/registration body p  In relation to the scope of membership applied for please answer th  Are you currently a member of another certification/registration body	Policy expending Policy expension Policy	y number  kpiry date  y number  kpiry date  rance Team	please tio	ck here	to request		
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5. Insurance    Public Liability Insurance	Policy experience of the policy experience of	y number  kpiry date  y number  kpiry date  rance Team p	please tio	ck here	to request		
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7. Geographica	7. Geographical Coverage (please indicate the regions where you are active)							
Jersey		England		Wales		Scotland		Other (e.g. IoM, N. Ireland 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 should 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

In order for a NAPIT application to proceed payment for the required fees must either be paid in full by card or BACS, or alternatively a NAPIT interest free Direct Debit payment plan can be arranged with our NAPIT Registration by calling us on **0345 543 0330** (option 1) or by requesting a call back, T&C\* may apply. Once we receive your application, should your fees require recalculation you will be advised in advance of us processing your payment. For information about NAPIT's cancellation Terms & Conditions\* please visit **www.napit.org.uk** 

Payment by card	Please debit my credit/debit card with the total (NAPIT do not accept American Express)	£			
Card number					
Expiry date		Start date (if shown)			
Security code (3 digits on back)		Issue number			
Card holder's Name As it appears on the card					
Card holder's Signature		Date			

	Payment already arranged via NAPIT Registration Team	
Payment by other means	Request a call back by our Registration Team to discuss payment options (Card, BACS, Direct Debit)	
(tick were applicable)	Payment made via BACS (see bank details below, please reference your payment with your company name and postcode)	1
	Account Name: NAPIT Registration Limited, S/C: 20-20-50, Account Number: 20166766.	

## **Important Notes**

- 1. Pricing is based on an assumption that competence can be assessed in a single visit. Where this is not possible additional fees could arise, but this should be identified before the assessment goes ahead.
- 2. The prices on this form only relate to the application, and initial assessment, for certification/registration. Other fees will apply for other activities (for example reassessment, renewal, work notification, cancelled assessments) which can be found on the NAPIT website.

\* 3. For NAPIT scheme rules and for Terms and Conditions please visit www.napit.org.uk

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# **Operative Details**

(refer to the document "NAPIT Registration Guide to Qualifications Requirements – Electrical") If you have several operatives please photocopy this form. If you have over 10 please contact NAPIT on 0345 543 0330

. 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 electrical competence claimed (please select all that apply)							
Full Scope for All Electrical Work		Full Scope for Dwellings Only		Defined Scope in dwellings only			
EICR Work		Portable Appliance Testing		Fixed Appliance Testing			

. Applying as an existing or previous (last 2 years) registered competent person						
If applying as an existing/previous registered competent person you do not need to complete sections D, E, F or G						
Name of Registration Body		Date of last assessment				
Wiring Regulations Qualification (Code from Qualification Guide List 7)		Date qualification gained				
D. Anniving with qualifications or equivalent evidence of competence						

C	D. Applying with qualifications or equivalent evidence of competence						
	(please refer to the Qualifications Guide and select ONE of the following to best describe your circumstances)						
1	. Current level 3 NVQ Diploma		2. Current level 3 Certificate		3. Previous level 3 NVQ		
4	. Older qualification*		5. Related qualification		6. Certificate of competence †		

<sup>\*</sup>will require evidence of continuing professional development (see Qualifications Guide)

### 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	Guide List	NAPIT Code	Date Gained
Main (core) electrical installation competence	1-3		
Wiring regulations knowledge competence (This is an additional qualification required for registration unless you have completed a current level 3 certificate or diploma from lists 1 to 2)	4		
Initial inspection and testing qualification (This is an additional qualification required for registration unless you have completed a current level 3 certificate or diploma from lists 1 to 2)	5		
Periodic inspection and testing qualification (This is an additional qualification required for all electrical work unless you hold a level 3 certificate or diploma from lists 1 to 2 which included periodic inspection and testing.)	6		
Portable appliance testing (if registration sought for this)	7		

F. Indicate how many years' experience you have in each area of electrical work				
Installation work on dwellings		Inspection and testing work		
Installation work on other buildings		Portable appliance testing work		
Other related electrical work (if so state the nature of the work)				

### G. Details of electrical competence history

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. Telephone: 0345 543 0330 Email: info@napit.org.uk

<sup>†</sup> Certificates of competence are required for the Jersey Byelaw Scheme.