**Affiliate Contractor Membership Application Form**

**To be completed by the person(s) who own/manages the contracting business**

**Refer to guidance section at the end of this document for assistance in completing this form**

**If completing by hand, please write in BLOCK CAPITALS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business Details: | | | | | | | | | | |
| Business Name: |  | | | | | | | | | |
| Managers Name: |  | | | Qualifications: | | | | |  | |
| Managers Name (2):  (if applicable) |  | | | Qualifications: | | | | |  | |
| Health and Safety responsible person  (if different from above)  and qualifications: |  | | | | | | | | | |
| Business Address: | | | | | | | | | | |
| Line 1: |  | | | Company Tel: | | | |  | | |
| Line 2: |  | | | Mobile: | | | |  | | |
| Line 3: |  | | | Company Fax: | | | |  | | |
| Town: |  | | | Website: | | | |  | | |
| County: |  | | | Email: | | | |  | | |
| Postcode: |  | | |  | | | | | | |
| Country |  | | |
| Type of company (please select one): | | | | | | | | | | |
| Sole Trader | |  | Partnership | | |  | Limited Company | | |  |
| If ‘Other’ (e.g. local authority), please specify: | | | | | | | | | | |
| Date of formation of business or registration of company: | | | | |  | | | | | |
| Company registration number (if applicable): | | | | |  | | | | | |
| If member of a group of companies, name of parent company: | | | | |  | | | | | |

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| --- | --- | --- | --- | --- |
| Size of business | No. |  | No. employed staff | No. self-employed staff |
| **How many staff are engaged by the business?** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Names of proprietor, partners, directors or managers of company | Position in company and date of commencement | Professional qualifications | Years in industry | Membership of other professional bodies |
|  |  |  |  |  |

Affiliate Contractor Background Manager Information

Please give details of all skills updates, workshops, training courses, seminars, conferences attended within the last   
24 months as part of your Continuing Professional Development (CPD). Alternatively attach CPD records.

**Manager 1**

**Manager 2** (if applicable)

|  |
| --- |
| **Enforcement action**  You must provide details of any enforcement notices or prosecutions served on your business in the last 3 years  by the Health & Safety Executive (HSE) or local authority (LA) in respect of breaches of H&S legislation, and  local planning authority (LPA) or Forestry Commission (FC) in respect of breaches of tree protection legislation.  **A notice or prosecution will not debar your business from becoming an Affiliate Contractor or an ArbAC, but failure to declare one will.** |
| APPLICABLE? NO  YES  (if YES please provide details and evidence of corrective actions) |

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| --- |
| Declaration |

I apply for Affiliate Contractor Membership of the Arboricultural Association and I have:

Read, understood and intend to meet the Standards of the ARB Approved Contractor Scheme within 2 years

Read, understood and agree to abide by the Association’s Code of Ethics and Code of Professional Conduct (see <http://www.trees.org.uk/Help-Advice/Public/Our-members-code-of-ethics-and-professional-conduc> )

Read, understood and agree to abide by the Statement of Intent (see below))

I enclose with this application (refer also to associated Guidance):

CV with proof of qualifications for business owner/proprietor(s)

CPD record / industry updates & refreshers (if not listed above)

The insurance questionnaire and a copy of insurance policy documentation

A copy of the business’s health and safety statement / policy signed and dated

3x copies of recently completed site specific risk assessments (with supporting generic risk assessments)

2x copies of current LOLER ‘thorough examination’ records for PPE (x1) & rigging equipment (x1)

2x quotations (must include one for crown reduction work) with specifications compliant to BS3998 written by the contractor.

2x invoices plus business terms and conditions (as applicable)

3x testimonials from customers

Evidence of practical skills training and certification for min. x2 operatives (inc. wood-chippers & First Aid)

Portfolio of completed works (submitted electronically OR by reference to the business website)

The membership fee of £250 +VAT (£50 +VAT payable on application and then a further £200 +VAT, pro-rata, once accepted)

**Statement of Intent**

Affiliate Contactors will be actively involved in leading the company to ArbAC status within 2 years. Affiliate Contractors are expected to increase their underlying knowledge of arboriculture and its application. This will be evident in how their business is run and the quality of work it outputs in relation to its working sector.

In addition to the Association’s Code of Ethics and Code of Professional Conduct, Affiliate Contractors are expected to work to industry best practice, including BS3998 Tree Work – Recommendations, as applicable and to uphold the integrity of the profession. Where actions deviate from industry best practice this must be justified.

By signing below, you have committed to the statement of intent.

**Declaration**

To the best of my knowledge the information on this application form is true and correct.

**Manager 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**Manager 2** (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**Table of fees:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Joined | 1st Jan – 31st Mar | 1st Apr -30th Jun | 1st Jul – 30th Sep | 1st Oct – 31st Dec |
| **Applicable Fees (Exc. VAT)** | £50 Assessment Fee + £200 Subscription Fee =  £250 +VAT (£300.00) | £50 Assessment Fee + £150 Subscription Fee =  £200 +VAT (£240.00) | £50 Assessment Fee + £100 Subscription Fee =  £150 +VAT (£180.00) | £50 Assessment Fee + £50 Subscription Fee =  £100 +VAT (£120.00) |

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| Please send your completed application form and ALL associated documentation by email to [membership@trees.org.uk](mailto:membership@trees.org.uk) or by post to: Membership Department, Arboricultural Association, The Malthouse, Stroud Green, Standish, Stonehouse, Gloucestershire GL10 3DL.  Please make cheques payable to Arboricultural Association or payment by BACS, Account No.: 06009514, Sort Code: 60-18-46. |



Affiliate Contractor Membership Insurance Questionnaire

You may need to refer to your insurance provider for assistance here.

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| --- | --- |
| Insured: |  |
| Trading as: |  |
| Address: |  |
| Telephone: |  |
| Business description: |  |

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| 1. Employers’ Liability |

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| --- | --- |
| Name of insurer: |  |
| Address of insurer: |  |
| Policy number: |  |
| Expiry date: |  |
| Limit of indemnity: |  |

Does the policy cover:

|  |  |  |  |
| --- | --- | --- | --- |
| (a) | Indemnity to Principal | | Yes /  No |
| (b) | Contractual liability | | Yes /  No |
| (c) | Use of chainsaws and power driven machinery | | Yes /  No |
| Detail exclusions: | |  | |

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| 2. Public Liability |

|  |  |  |
| --- | --- | --- |
| Name of insurer: |  | |
| Address of insurer: |  | |
| Policy number: |  | |
| Expiry date: |  | |
| Limit of indemnity of any one accident: |  | |
| Is this limit reduced for any specific risks? | | Yes /  No | |
| If so, give details: |  | | |
| Policy excess: |  | | |
| Detail exclusions that would apply to any work being performed in the insured’s capacity as contractor or subcontractor | | | |
|  | | | |

Does the policy cover:

|  |  |  |
| --- | --- | --- |
| (a) | Indemnity to Principal | Yes /  No |
| (b) | Contractual liability | Yes /  No |
| (c) | Fire and explosion | Yes /  No |
| (d) | Tree felling without restriction on height or distance from property | Yes /  No |
| (e) | Damage to underground services | Yes /  No |
| (f) | Burning of debris | Yes /  No |
| Is Products Liability included? | | Yes /  No |
| If so, please confirm indemnity limit applying: | |  |
|  | | |

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| 3. Professional Indemnity |

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| --- | --- |
| Name of insurer: |  |
| Address of insurer: |  |
| Policy number: |  |
| Expiry date: |  |
| Limit of indemnity of any one accident: |  |

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| 4. Declaration |

We undertake to maintain appropriate insurance cover at all times and advise the Arboricultural Association immediately in writing in the event that any of the above policies are:

|  |  |
| --- | --- |
| (a) | Cancelled |
| (b) | Not renewed, or |
| (c) | Altered such that the extent of policy protection afforded is reduced or amended in any way from that originally advised. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Name: |  |
| Date: |  |  |  |

For and on behalf of the Affiliate Contractor

Guidance for Affiliate Contactor Membership Entry

Affiliate Contactor Membership

Affiliate Contractor membership to the Arboricultural Association recognises businesses that have made the commitment to becoming full Arboricultural Association Approved Contractors (ArbACs) within 2 years after joining. Make sure becoming an ArbAC is suitable for you and your business prior to making your application for membership. You may wish to review the Standards of the ArbAC Scheme or attend a preparation workshop. Details on these can be found on the AA website at <http://www.trees.org.uk/Accreditation/Become-an-ARB-Approved-Contractor> .

We expect the Affiliate Contractor Membership application to be completed by the business owner/proprietor. You will have to submit quite a few documents as part of the application process. We need to ensure you are committed to progressing your business. If we do not feel something is entirely correct we’ll let you know. You may have to alter some of your processes or procedures and resubmit information. Please remember we’re doing this to improve standards across the industry and make sure all our members are in a solid position should something go wrong. To save paper it may be easiest to share files electronically (e.g. Drop Box) or on a USB stick which we can post back to you. Alternatively, you can submit paper copies of your application and supporting documents.

Application Form

Please complete the entire application form. Make sure you sign and date it. For detailed guidance on each significant area please see below.

Insurance Questionnaire and Certificates

Compete the **Insurance Questionnaire.** Enclose copies of your certificates of insurance for Public Liability and Employers Liability. If your company surveys trees please enclose your Professional Indemnity insurance certificate.

Health & Safety Policy

Please send in a copy of your Health & Safety Policy Statement. If you are unsure what this is, take a look at the HSE website:

[www.hse.gov.uk/simple-health-safety/write.htm](http://www.hse.gov.uk/simple-health-safety/write.htm)

Site Specific Risk Assessments

Site Specific Risk assessments tell a lot about a company. We’d like to see three examples of completed site specific risk assessments from your business. If you’re unsure about site specific risk assessment or controlling risk in the workplace consider attending a Risk Assessment for Commercial Arboriculture course. Details can be found on our website ([www.trees.org.uk](http://www.trees.org.uk)).

LOLER

Please submit evidence of thorough examination of PPE and rigging equipment. This needs to be your current certificate. This needs to have been competed by a competent person. Details of the inspector will be contained within your submitted reports.

CV & CPD

Please submit a copy of your CV. If there are two proprietor/business owners, please submit CVs for both persons. Make sure you include information about qualifications, skills, experience, and employment history including roles / positions.

Continual professional development (CPD) records are a way of collating all the things you do, read, or attend to keep yourself up to date or further your knowledge. We’d like to see an overview of this. For more information and an example template to use please see:

[www.trees.org.uk/membership/Continuous-Professional-Development](http://www.trees.org.uk/membership/Continuous-Professional-Development)

Quotations

Please submit two separate quotations that your business has written yourself from a genuine enquiry. We expect one of these to include a section for a crown reduction to a tree. All you sections should be written in line with BS3998 (2010) Tree Work: Recommendations.

As an Affiliate Contractor you will be expected to work to BS3998. Make sure you own a copy and understand it. Do refer to the standards for the ArbAC scheme for a little more help with what should be in a quotation.

Invoices

Please submit two separate genuine invoices that your business has submitted for payment and associated terms and conditions. Do refer to the standards for the ArbAC scheme for a little more help with what should be stated on your invoices.

Testimonials

Testimonials are formal statements testifying to your company’s (or an individual’s) character and abilities. We’d like to hear about your professional conduct, customer service, business ethics and quality of work. Please supply three written testimonials from genuine clients of yours. We may wish to contact them so please include contact details.

Evidence of Training

We’d like to see certificates of training for the in-house staff:

1. One operative to hold current competences equivalent to CS30, 31, 38, 39, first aid, chipper.
2. One operative to hold current competences equivalent to CS30, 31, 38, first aid, chipper.

Please submit copies of the certificates.

Portfolio of Completed Work

We need to see evidence of recently completed works, in particular a range of tree pruning works including crown reductions (obviously to BS3998 standard.) These can either be submitted as images electronically, e.g. on a memory stick, or by referral to your business website if you have suitable examples there.