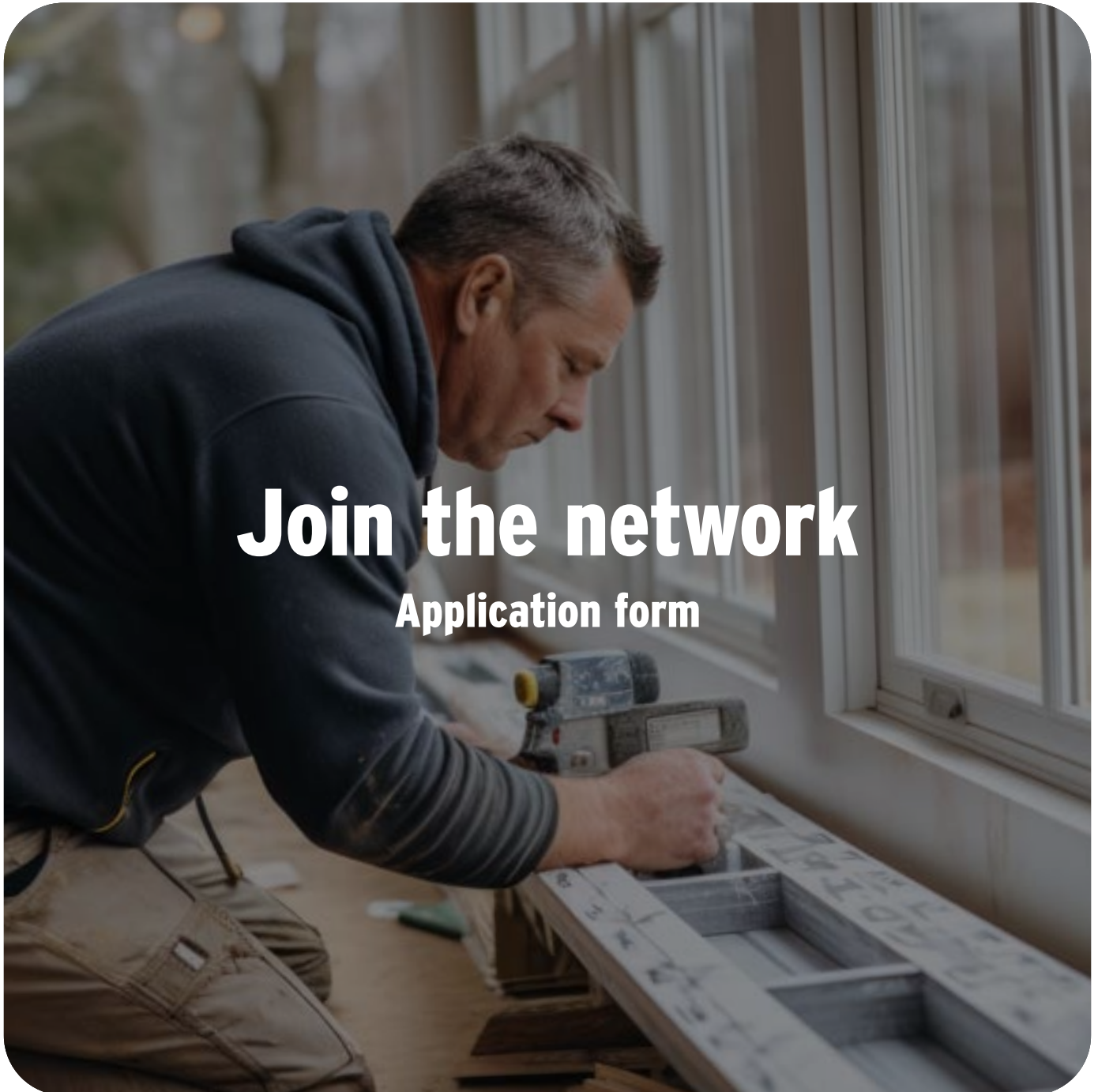




Home Adaptations
INSTALLER NETWORK



Join the network
Application form



1. Company Information

- 1.1 Company trading name:
- 1.2 Company trading address:
- Postcode:
- 1.3 Company registration number:
- 1.4 Company type: (tick appropriate) Sole trader Limited Partnership
- Other, please state:
- 1.5 VAT registration number: (if available)

2. Business information

- 2.1 Business name: (if different from trading name)
- 2.2 Business office address: (if different from trading name)
- Postcode:
- 2.3 Telephone number:
- 2.4 Email address:
- 2.5 Website: (if applicable)
- 2.6 Month and year the business commenced trading: M M / Y Y Y Y

3. Experience in trade(s)

- 3.1 Length of experience in fitting adaption products: Years and months
- 3.2 Trade specialism(s): (tick appropriate) Wet rooms Builder Home adaptations
- Other, please state:
- 3.3 Trade qualifications:

4. Company principle(s)

A company principle is an owner or director of the company.

4.1 Please specify all employees who are principles of the company:

Person 1:

Full name:

Position/Role:

Primary contact: (tick if applicable)

Person 2:

Full name:

Position/Role:

Primary contact: (tick if applicable)

If required, please state further Company Principles on the Employee Continuation Sheet at the back of this application form.

5. Employees

5.1 How many of your employees carry out works on home adaptations, including subcontractors who work for your business for than more 30 days per annum?

Number of employees:

Please fill out employee details on the Employee Continuation Sheet at the back of this application form.

6. Legal

- 6.1 Do you have any outstanding county court judgments (CCJ's), convictions or current legal proceedings against you or the business? Yes No
- 6.2 If yes, please give details:

7. Documentation

Please provide the following to support your applications.

Public liability insurance certificate

Employer liability insurance certificate

Insurance backed guarantee

Copy quote

Copy invoice

Copy terms and conditions

Copy workmanship guarantee

SSIP certificate

8. Customer references

References provided must be from impartial sources, and if possible, from projects including home adaptations.

8.1 Customer 1

Full Name:

Address:

Email:

Telephone:

Confirmation of obtained consent to share personal data

8.2 Customer 2

Full Name:

Address:

Email:

Telephone:

Confirmation of obtained consent to share personal data

8.3 I confirm that I have obtained consent from the person(s) above to share their details with third-party organisations for the sole purpose of assessing work I have carried out for them, in support of this application.

Yes

This information will be retained for a period of three years. If the homeowner wishes to remove their personal information from our system, please send an email to customerservice@homeadaptations.co.uk or call us on 0115 966 7673.

9. Declarations

To be signed by an owner, director or senior manager authorised to do so and who has the authority to commit the business to the Home Adaptions Installer Network Code of Practice.

I declare the information provided in this application is true and correct and that membership will be reliant upon the validity of this information.

GDPR & Data Protection Act

I understand and agree that, for the purpose of assessing this application, the Home Adaptations Installer Network may request relevant information about my business from third-party organisations. I hereby authorise those organisations to disclose such information as required.
I acknowledge that the personal information I provide, including personal data relating to my employees, may be used to carry out appropriate anti-fraud checks. This may involve disclosure of such information to credit reference agencies and fraud prevention bodies, which may retain a record of that data.

I further consent to the details of this application, as well as any personal data relating to myself and my employees, being securely stored and processed by the Home Adaptations Installer Network in accordance with applicable data protection legislation, including the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018.
I understand that all personal data will be handled in accordance with the Network's Privacy Policy, and that I and my employees have the right to access, correct, or request the deletion of personal data held about us at any time.

- | | | | |
|-----|---|-----------------|----|
| 9.1 | I have read, understood and agree to comply with the Home Adaptions Installer Network Code of Practice. | Yes | No |
| | | | |
| 9.2 | Print name | | |
| | | | |
| 9.3 | Date | D D / M M / Y Y | |

Please complete and return your application by email to customerservice@homeadaptations.co.uk

If you need any assistance completing your application, please contact us on [0115 966 7673](tel:0115 966 7673).

Please specify details of all employees who carry out works on home adaptations.

Person 1:

Full name:

Position/Role:

Position type: (tick applicable)

Employee

Subcontractor

Company Principle

Person 2:

Full name:

Position/Role:

Position type: (tick applicable)

Employee

Subcontractor

Company Principle

Person 3:

Full name:

Position/Role:

Position type: (tick applicable)

Employee

Subcontractor

Company Principle

Person 4:

Full name:

Position/Role:

Position type: (tick applicable)

Employee

Subcontractor

Company Principle

Person 5:

Full name:

Position/Role:

Position type: (tick applicable)

Employee

Subcontractor

Company Principle

Person 6:

Full name:

Position/Role:

Position type: (tick applicable)

Employee

Subcontractor

Company Principle

Person 7:

Full name:

Position/Role:

Position type: (tick applicable)

Employee

Subcontractor

Company Principle

Person 8:

Full name:

Position/Role:

Position type: (tick applicable)

Employee

Subcontractor

Company Principle