



BUSINESS ACCREDITATION

APPLICATION FORM

Post your application to:

BRAMM
8 The Crescent
Taunton
Somerset
TA1 4EA

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APPLICATION FORM

BUSINESS ACCREDITATION

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

1. TRADING NAME OF BUSINESS.....
ADDRESS.....
.....
.....
..... TOWN
COUNTY..... POST CODE
TEL NO FAX NO
EMAIL ADDRESS
WEB SITE
2. DIRECTORS OR PROPRIETORS
3. CONTACT NAME
4. DATE ESTABLISHED
5. DESCRIPTION OF BUSINESS
6. ARE YOU A MEMBER OF NAMM? YES / NO

8. 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.

9. PLEASE INDICATE WHICH NAMM ACCREDITED GROUND ANCHOR SYSTEMS YOU USE.

- | | | |
|------|--|--------|
| i) | NAMM's Anchor System | Yes/No |
| ii) | Myatt & Leason's Anchor System | Yes/No |
| iii) | Nettlebank Anchor System | Yes/No |
| iv) | C.C.A. Anchor System | Yes/No |
| v) | The Blast Shop System | Yes/No |
| vi) | Stephen Hill Memorials (AOR Stone Keel System) | Yes/No |
| vii) | The Memorial Stone Centre Ltd | Yes/No |

10. IF YOU USE A SYSTEM NOT LISTED ABOVE (ie not in NAMM'S current Code of Working Practice) PLEASE GIVE DETAILS.

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

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QUESTIONS 12 – 15 ARE OPTIONAL AND ANSWERS WOULD BE USED TO COMPILE INFORMATION ON THE MEMORIAL MASONRY INDUSTRY.

12. HOW MANY ADULT MASONRY CRAFTSMEN ARE ENGAGED BY YOUR BUSINESS?

13. HOW MANY SEMI SKILLED WORKERS ARE ENGAGED BY YOUR BUSINESS?

14. HOW MANY MASONRY APPRENTICES/TRAINEES ARE ENGAGED BY YOUR BUSINESS?

15. WHAT PREMISES DO YOU POSSESS FOR MEMORIAL MASONRY WORK?

Customer Reception Area	Yes/No
Workshop	Yes/No
Display Area	Yes/No

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

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

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

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

BUSINESS ACCREDITATION

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

PLEASE SEND DOCUMENTS 3, 4 & 5 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 Yes/No
(Please include a copy of your policy schedule confirming amount of cover.)

.....

2. EMPLOYERS LIABILITY INSURANCE CERTIFICATE Yes/No
(Please include a copy of your policy schedule confirming amount of cover.)

.....

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

.....

4. RISK ASSESSMENT (Applies on entry through the Cemetery Gate.) Yes/No

.....

5. CERTIFICATE OF COMPLIANCE Yes/No
(with your company name)

[For non NAMM members please refer to website www.bramm-uk.org to access a copy from the 'Document Download Centre'](http://www.bramm-uk.org)

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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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BRAMM

British Register of Accredited Memorial Masons

8 The Crescent, Taunton, Somerset. TA1 4EA

Tel: 01788 544963

Fax: 01823 253681

E-mail: bramm@bramm-uk.org

DECLARATION

1. I understand that I will be required to complete each stage before becoming accredited and that the stages are as follows:-

Business Accreditation
Practical Assessment

2. I agree to abide by and adhere to BRAMM's Rules and Regulations.
3. I agree to abide by Burial Authority rules and regulations.
4. I agree to allow random spot check visits to be undertaken by a BRAMM Assessor and have the required documentation available for inspection.
5. I agree to abide by and adhere to BRAMM's Disciplinary procedures.
6. I have read and understood the list of current fees.
7. I agree that my company details (name, address and contact details) will be shown on a database available on the BRAMM website.
8. I declare that all materials used will comply with BS8415 and that fixers will become accredited in accordance with guidance issued by BRAMM.
9. I enclose a cheque payable to BRAMM for (please tick as appropriate)

£99 + VAT

I understand that the Business Registration Fee is non-refundable if my application is refused.

Signed: Date:

Name: (please print)

Position:.....

Supporting Organisations



British Register of Accredited Memorial Masons

Scheme Administered by:

BRAMM
8 The Crescent
Taunton
Somerset
CV21 2XL

Tel: 01788 544963

Fax: 01823 253681

E-mail: bramm@bramm-uk.org

Web site: <http://www.bramm-uk.org>



Business Accreditation Stage 1 – 10/02