

MEMORIAL MASON BUSINESS REGISTRATION APPLICATION FORM

BRAMM

IMPROVING STANDARDS

Business Registration

BRAMM BUSINESS REGISTRATION

This form represents the first of a two part process to achieve BRAMM Business Accreditation. ALL QUESTIONS MUST BE COMPLETED IF WE ARE TO PROCESS YOUR APPLICATION. Our preference is for you to complete this form digitally. It is available as an editable PDF file and can be downloaded from our website. You will find it in the document download centre at www.bramm-uk.org/document-download-centre



Using Acrobat Reader, fill in this PDF form on screen. Save it using your company name and email it, with the requested documentation, to the BRAMM office. You will also need to make a payment by BACS directly into our account. Our email address and payment details are on the last page.



If you would prefer to complete this form manually, please use BLACK INK and BLOCK CAPITALS. If you're in receipt of our pre-printed A5 form, please note that it is folded-down from an A3 sheet, please ensure you unfold it fully and complete all sections. Return it, with the requested documentation and a cheque to the BRAMM office. Our postal address and payment details are on the back page. Ideally, we still need the documentation as digital files. These can be emailed, burnt to a disc or placed on a memory stick. We cannot return memory sticks or documentation.

1. BUSINESS INFORMATION

This section relates to the main business. A separate section for the inclusion of branches follows overleaf.

Business trading name _____

Address _____

Postcode _____

Tel _____ Fax _____

Email _____

Website _____

Contact name _____

Status of business: Limited Company Partnership Sole Trader Other

List names of directors / partners (for Ltd Co. / Partnerships) OR main contacts (for Soletraders / Other categories):

1 _____

2 _____

3 _____

Date business established _____

Description of business _____

Are you a member of the National Association of Memorial Masons (NAMM)? Yes No

Which NAMM accredited ground anchor systems do you use?

- NAMM's Anchor System Myatt & Leason's Anchor System
 Nettlebank Anchor System C.C.A. Anchor System
 The Blast Shop System Stephen Hill Memorials – AOR Stone Keel System
 The Memorial Stone Centre – Stone Safe Other / None

If 'OTHER' please give details:

If 'NONE' (i.e. if you do not use a ground anchor system) please indicate your method of fixing:

Has your business been barred from working in any burial ground (whether in a council's area or elsewhere) within the last 2 years? Yes No

If 'YES' please provide details:

Please list your BRAMM Registered Fixer(s):

- 1 _____ Licence No. _____
2 _____ Licence No. _____
3 _____ Licence No. _____
4 _____ Licence No. _____

If you do not employ any BRAMM Registered Fixers, who will be fixing and installing the memorials?

Company Name _____

BRAMM Business Registration No. **B0** _____

If fixers within your business plan to obtain a BRAMM Fixer Licence, how many will be applying _____

Of these, how many are ALREADY qualified (i.e. hold a full NVQ/SVQ Level 2 or Level 3 (must include Fix & Secure unit) or VR/QCF194 (Fix & Secure unit) or NAMM's City & Guilds RQMF Fixing Qualification) _____

For any NOT qualified, HOW MANY are pursuing, or planning to pursue, the following qualification options:

- i) BRAMM Fixer Licence Test Day (includes both a practical and theory assessment) _____
ii) A full NVQ / SVQ Level 2 or Level 3 (must include Fix & Secure unit) or VR/QCF194 (Fix & Secure unit) _____
iii) NAMM's City and Guilds RQMF Fixing Qualification _____
(Note: Applicant will also need to complete the BRAMM Theory Test online.)

2. SUPPLY SUPPORTING DOCUMENTATION

YOU MUST PROVIDE THE FOLLOWING DOCUMENTS WITH THIS FORM (DIGITALLY IF POSSIBLE)

A	PUBLIC LIABILITY INSURANCE CERTIFICATE £5,000,000 Please include a copy of your policy schedule confirming amount of cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	SUMMARY OF HEALTH & SAFETY POLICY Your summary must provide detail of where the full policy can be accessed	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	RISK ASSESSMENT Applies on entry through the cemetery gate	<input type="checkbox"/> Yes <input type="checkbox"/> No

Using the YES / NO feature alongside each document, please indicate that you have supplied each item. If any have not been supplied, please give an explanation:

3. ADD BRANCHES (WITH SAME/DIFFERENT TRADING NAME)

Many memorial mason businesses have more than one branch. Some trade under the same name as the parent company but from a different address, others trade under different names. **Fixers working for a branch cannot become licensed with BRAMM unless that branch has been registered.** Branches can be added to the parent company's Business Registration below. Fees apply (see back/last page).

BRANCHES WITH THE SAME TRADING NAME AS THE PARENT COMPANY

To add a branch trading under the same name as the parent company, fill in the details below. The branch WILL BE covered by the parent company's Public Liability Insurance, Health & Safety Policy and Risk Assessment, so will NOT need to send in any additional documentation (beyond what we have already requested for the parent company above).



IMPORTANT: Please be aware of the serious consequences that might arise in the event of disciplinary action being taken against any one of the branches or indeed, the parent company:

- All branches and the parent company will be regarded as a single group.
- Following disciplinary action, if ANY ONE BRANCH or the PARENT COMPANY is removed from the BRAMM Register then ALL OTHER MEMBERS of the group will ALSO be removed.

This is designed to ensure that the parent company is proactive in monitoring the activities of their branches.

BRANCHES WITH A DIFFERENT TRADING NAME TO THE PARENT COMPANY

To add a branch that is trading under a different name to the parent company, fill in the details below. The branch will NOT be covered by the parent company's Public Liability Insurance, Health & Safety Policy and Risk Assessment, so you WILL have to send in additional documentation (beyond what we have already requested for the parent company above).

You will need to supply us with the same 3 documents (A, B, C, listed above) for each branch that operates under a different name to the parent company. To remind you, we have included coloured YES / NO prompts for each document alongside each additional branch below. If any documents are not provided, please give an explanation here:

Branch name _____

Address _____

_____ Postcode _____
Tel _____
Fax _____
Email _____
Website _____
Contact name _____

Is this the same name as the parent company? Yes No

If 'Yes' ignore the request below for additional documentation as this will be covered by the parent company.

If 'No' please indicate that you have provided the following for this branch:

- A Public Liability** Yes No
B Health & Safety Yes No
C Risk Assessment Yes No

If a document has not been provided, please explain in the space above.

Branch name _____

Address _____

_____ Postcode _____
Tel _____
Fax _____
Email _____
Website _____
Contact name _____

Is this the same name as the parent company? Yes No

If 'Yes' ignore the request below for additional documentation as this will be covered by the parent company.

If 'No' please indicate that you have provided the following for this branch:

- A Public Liability** Yes No
B Health & Safety Yes No
C Risk Assessment Yes No

If a document has not been provided, please explain in the space above.

Branch name _____

Address _____

_____ Postcode _____
Tel _____
Fax _____
Email _____
Website _____
Contact name _____

Is this the same name as the parent company? Yes No

If 'Yes' ignore the request below for additional documentation as this will be covered by the parent company.

If 'No' please indicate that you have provided the following for this branch:

- A Public Liability** Yes No
B Health & Safety Yes No
C Risk Assessment Yes No

If a document has not been provided, please explain in the space above.

Branch name _____

Address _____

_____ Postcode _____
Tel _____
Fax _____
Email _____
Website _____
Contact name _____

Is this the same name as the parent company? Yes No

If 'Yes' ignore the request below for additional documentation as this will be covered by the parent company.

If 'No' please indicate that you have provided the following for this branch:

- A Public Liability** Yes No
B Health & Safety Yes No
C Risk Assessment Yes No

If a document has not been provided, please explain in the space above.

Branch name _____

Address _____

_____ Postcode _____
Tel _____
Fax _____
Email _____
Website _____
Contact name _____

Is this the same name as the parent company? Yes No

If 'Yes' ignore the request below for additional documentation as this will be covered by the parent company.

If 'No' please indicate that you have provided the following for this branch:

- A Public Liability** Yes No
B Health & Safety Yes No
C Risk Assessment Yes No

If a document has not been provided, please explain in the space above.

Branch name _____

Address _____

_____ Postcode _____
Tel _____
Fax _____
Email _____
Website _____
Contact name _____

Is this the same name as the parent company? Yes No

If 'Yes' ignore the request below for additional documentation as this will be covered by the parent company.

If 'No' please indicate that you have provided the following for this branch:

- A Public Liability** Yes No
B Health & Safety Yes No
C Risk Assessment Yes No

If a document has not been provided, please explain in the space above.

4. PROVIDE ADDITIONAL INFORMATION

The following questions are optional and are 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 Workshop Display area

5. SIGN AND DATE DECLARATION

DECLARATION

As a representative of the business I declare that:

1. I understand the business and its fixers are required to complete two stages before becoming BRAMM accredited: i) Business Registration; and ii) Practical/Theory Assessment.
2. I agree that the business and its fixers will abide by and adhere to BRAMM's Rules and Regulations.
3. I agree that the business and its fixers will 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 that the business and its fixers will abide by and adhere to BRAMM's Disciplinary Procedures.
6. I understand that, should any disciplinary action be taken against any branch within my group (branches operating under the same name as the parent company), then all branches in the group including the parent company, will be affected.
7. I agree that my company details (name, address and contact information) 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 understand that once signed, this Declaration will become a binding commitment until terminated by either BRAMM or my company.
10. I have made a BACS payment, or enclosed a cheque, for the Registration Fee (see fees on the back/last page).
11. I understand that the Business Registration Fee is non-refundable if my application is refused.

How do you sign this form if you're filling it in digitally?

If you have the 'tech' you may be able to sign on screen with a digital pen.

If not, we'll simply treat your email submission as confirmation of your agreement. Please ensure you print your name, position and date below.

Sign _____ Date _____

Print name _____

Position _____



Would it be **helpful to discuss** any of this with a BRAMM representative? If so, please get in touch with the office to arrange a suitable time...

01452 346741
bramm@bramm-uk.org

MAKE PAYMENT

Business Registration runs from 1st October to 30th September each year. There is an annual fee (shown opposite). If registering in, or after January, a **50% discount applies**.

- + You can add up to 5 branches at **no extra cost**.
- + For the addition of 6 to 10 branches please **double the fee**.
- + For more than 10 branches, **please get in touch** with the office for price.

Please note: BRAMM is not VAT registered.

BACS payments should be made to our account at Unity Trust Bank:
Account name: **British Register of Accredited Memorial Masons (BRAMM)**
Account number: **20352783** Sort code: **60-83-01**

Cheques should be made payable to "BRAMM"

CHECKLIST

1. Have you completed all questions in all sections as necessary?
2. Have you provided (emailed or enclosed) all requested documentation for the main business?
3. Have you provided (emailed or enclosed) all requested documentation (as appropriate) for each branch?
4. Have you signed and dated the declaration (Section 5)?
5. Have you made a BACS payment, or enclosed a cheque, to cover the business registration fee + any additional branch fee (as appropriate ... see above)?

If all is in order, please email everything to us at **bramm@bramm-uk.org** or use our postal address below.



BRAMM
Room F17
Kestrel Court
Waterwells Business Park
Gloucester
GL2 2AT

01452 346741
bramm@bramm-uk.org

www.bramm-uk.org



BRAMM is supported by the following organisations

