

CITB Be Fair Framework Provider Initial Application

Complete this form electronically then sign and print or in BLOCK CAPITALS using a black ballpoint pen. Individual Assessor Application forms must accompany this application.

COMPLETION NOTES

It is essential that the current “About the Be Fair Framework” document, “Requirements for Licensed Providers”, “CITB Terms and Conditions” and “CITB Be Fair Framework Form of Agreement” be fully read and understood prior to completing this application. Applications are subject to a non-refundable administration fee (refer to the fees on page 3).

This application form must be completed by the prospective Provider. The Assessor Application Form(s) must be completed by the prospective Assessor(s). The Provider Application must be accompanied by a minimum of one Assessor Application. The forms must be completed as fully as possible and where, for example, you do not have BS EN ISO: 9001, you should explain how you operate your management system and what control measures you have in place. All forms must be returned together. Failure to provide the requested information and supporting evidence may result in the application being delayed or returned and subsequently rejected.

Introduction

CITB is committed to promoting Fairness, Inclusion and Respect (FIR) within the Construction Industry and is responsible for managing the Be Fair Framework. CITB will recognise and support Providers approved to provide assessment and guidance and will encourage businesses within the industry to take ownership of their own equal opportunities/diversity policies to become Be Fair accredited.

About the CITB Be Fair Framework

Information on the Framework is set out in the “About the CITB Be Fair Framework” document. All successful applicants will be obliged to offer assessment and guidance in accordance with the FIR principles contained in this document.

CITB “Standard Terms and Conditions”, CITB Be Fair “Form of Agreement” and Requirements for Licensed Providers

The Provider will be required to agree to the terms and conditions and sign the Standard terms and Form of Agreement upon authorisation of the application. The Be Fair Framework Requirements for Licensed Providers contains information on how to become a Licensed Provider and details the policies, procedures and resources required. Both documents are subject to change without notice and Providers are obligated to ensure any updates or changes are implemented within 30 days upon notification from CITB.

Application for Registration

Providers may only deliver Be Fair Framework assessment and guidance if they have been approved and licensed by CITB and therefore have entered into “CITB Standard Terms and Conditions” and “Be Fair Framework Form of Agreement” (‘the Agreements’). A minimum of one month should be allowed for processing any application and no assessment or guidance should be planned prior to approval being given.

Renewal of Approval

The Agreement is subject to an annually renewal, CITB will contact Providers between 6 and 8 weeks prior to licence expiry date. Renewal will be subject to meeting the relevant criteria and will not be automatic.

Fees

The correct fees must accompany the application or it will be returned to the applicant. Should your application be unsuccessful or an application is withdrawn during the administration process, CITB will retain an administration fee of 15%. If a resubmission is made within three calendar months of any application being rejected, only the outstanding balance will be charged. Any further applications made after this time will once again incur the full fee. The fee structure is shown on page 3, cheques should be made payable to CITB.

Equal Opportunities (see policies page 5)

CITB is committed to equal opportunities and all applicants must include a copy of their policy with their application. In order to meet the criteria, if you have 0-5 employees you must comply with item 1 below and for between 6-25 employees you must comply with items 1-7 below.

1. An equal opportunities policy statement of intent
2. A senior person in the company with responsibility for the policy
3. Communication of the policy to company's staff
4. Open recruitment by the company
5. Regular review of the policy by the company
6. Regular overall monitoring of the employees by the company
7. Action to check criteria 1-5 are operating if monitoring indicates under-representation of ethnic minorities and women in the company's workforce.

Completed Application Forms

The completed application forms and enclosures with the correct fee should be posted to:

CITB
Be Fair Team
Customer Operations
Bircham Newton
Kings Lynn
PE31 6RH

Email: befairframework@citb.co.uk

Be Fair Framework Fee Structure

| Detail | Fee |
|--|---|
| <p>1. Fee for new providers to deliver the Framework</p> <p>The fee covers:</p> <ul style="list-style-type: none"> a. six individual assessors b. a minimum of one CITB Officer visit to your premises or a site you are currently working on <p>Payable on submission of application</p> | <p>£750 (VAT Exempt)</p> |
| <p>2. Fee for additional assessors</p> <p>The fee covers:</p> <ul style="list-style-type: none"> a. assessor applications made outside of the original provider application or renewal process b. up to 6 additional assessors per application including access to CITB's training and awareness e learning modules for assessors <p>Subject to Assessors meeting the required criteria</p> | <p>£325 (VAT Exempt)</p> |
| <p>3. Annual renewal fee for existing providers</p> <p>The fee covers:</p> <ul style="list-style-type: none"> a. external quality assurance and auditing services performed by CITB <p>Subject to Providers continuing to meet the required criteria</p> | <p>£750 +VAT</p> |
| <p>4. Company registration fee</p> <p>Fee payable by each company registering on the Be Fair Framework (to be paid by the Provider in accordance with the Provider Agreement)</p> | <p>£500 +VAT</p> |

NOTES:

1. Items 1 and 2 are exempt from VAT due to the training element

| CITB Be Fair Framework Provider Initial Application | | Official Use Only | | | | | | | | | | | |
|--|--|-----------------------------------|---------------------------------|---------------------|-----------|-----------|--------|--|---------------------|--------------------|--------------------|---------------------|--|
| 1 | Name: | | | | | | | | | | | | |
| | <table border="1" style="width: 100%;"> <tr> <td>Company/Organisation Name:</td> </tr> <tr> <td>Companies House Reg. No:</td> </tr> <tr> <td>VAT Reg. No:</td> </tr> </table> | Company/Organisation Name: | Companies House Reg. No: | VAT Reg. No: | | | | | | | | | |
| Company/Organisation Name: | | | | | | | | | | | | | |
| Companies House Reg. No: | | | | | | | | | | | | | |
| VAT Reg. No: | | | | | | | | | | | | | |
| 2 | Address / Contact Details | | | | | | | | | | | | |
| | <table border="1" style="width: 100%;"> <tr> <td>Address:</td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td>Postcode:</td> </tr> <tr> <td>Landline:</td> </tr> <tr> <td>Email:</td> </tr> <tr> <td>Key Contact Name (day to day administrator):</td> </tr> <tr> <td>Key Contact Mobile:</td> </tr> <tr> <td>Key Contact email:</td> </tr> <tr> <td>Line Manager Name:</td> </tr> <tr> <td>Line Manager email:</td> </tr> </table> <p>* The key contact will be sent ALL correspondence regarding the Framework and will be responsible for distributing information as required throughout your organisation</p> | Address: | | | Postcode: | Landline: | Email: | Key Contact Name (day to day administrator): | Key Contact Mobile: | Key Contact email: | Line Manager Name: | Line Manager email: | |
| Address: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | |
| Landline: | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | |
| Key Contact Name (day to day administrator): | | | | | | | | | | | | | |
| Key Contact Mobile: | | | | | | | | | | | | | |
| Key Contact email: | | | | | | | | | | | | | |
| Line Manager Name: | | | | | | | | | | | | | |
| Line Manager email: | | | | | | | | | | | | | |
| 3 | Organisation Information (Where Yes, please supply details) | | | | | | | | | | | | |
| 3a | <p>Are you a licensed provider for any other accredited frameworks or standards? YES/NO</p> <p>.....</p> | | | | | | | | | | | | |
| 3b | <p>Have you ever been refused approval to deliver any frameworks or standards? YES/NO</p> <p>.....</p> | | | | | | | | | | | | |
| 3c | <p>Have you ever had an approval suspended or withdrawn? YES/NO</p> <p>.....</p> | | | | | | | | | | | | |

| 3d | (i) How many staff do you employ? (ii) How many staff are office based? | | | | | | | | | | | | | |
|--|---|--------|--------------|-------------------------------|--|---------------|--|---|--|-----------------|--|-------|--|--|
| 3e | Do you have ISO, Investors In People or other similar award? YES/NO | | | | | | | | | | | | | |
| 4 Quality & Investment | | | | | | | | | | | | | | |
| 4a | Briefly describe the types of training you provide for the continuous professional development (CPD) of your staff and assessors: | | | | | | | | | | | | | |
| 4b | Give brief details of the Quality Management System or similar system/process you operate: | | | | | | | | | | | | | |
| 4c | How do you monitor performance, outcomes and processes? | | | | | | | | | | | | | |
| 4d | How do you audit the assessment, feedback and processes? | | | | | | | | | | | | | |
| 4e | How often do you review assessment materials and procedures? | | | | | | | | | | | | | |
| 5 Policies | | | | | | | | | | | | | | |
| I confirm the following policies are in place and valid within the organisation: <table border="1" data-bbox="220 1559 1267 1765" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Policy</th> <th style="width: 30%;">Enter Yes/No</th> </tr> </thead> <tbody> <tr> <td>Equal Opportunities/Diversity</td> <td></td> </tr> <tr> <td>Environmental</td> <td></td> </tr> <tr> <td>Complaints (to include staff, assessors & client)</td> <td></td> </tr> <tr> <td>Health & Safety</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table> | | Policy | Enter Yes/No | Equal Opportunities/Diversity | | Environmental | | Complaints (to include staff, assessors & client) | | Health & Safety | | Other | | |
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| Complaints (to include staff, assessors & client) | | | | | | | | | | | | | | |
| Health & Safety | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | |
| 6 Data Protection | | | | | | | | | | | | | | |
| | Are you registered with the Information Commissioner in accordance with the Data Protection Act YES/NO | | | | | | | | | | | | | |

| 7 | Insurances | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|--------------|---------------------|--|------------------------|--|---------------|--|-----------------|--|---------------|--|-------------|--|-------------|--|----------|--|---|--|--|
| | <p>I enclose certificates for the following insurances: <i>(copies of currently valid certificates MUST be included with this application)</i></p> <p style="text-align: right; margin-right: 50px;">Tick to confirm</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Public Liability</td> <td style="width: 20%;"></td> </tr> <tr> <td>Employers Liability</td> <td></td> </tr> <tr> <td>Professional Indemnity</td> <td></td> </tr> </table> | Public Liability | | Employers Liability | | Professional Indemnity | | | | | | | | | | | | | | | | |
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| Employers Liability | | | | | | | | | | | | | | | | | | | | | | |
| Professional Indemnity | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Assessors | | | | | | | | | | | | | | | | | | | | | |
| 8a | <p>How many Assessors do you expect to register and notify to us with this application? Please list names: (add as necessary)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> <tr><td>6</td><td></td></tr> </table> | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | |
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| 5 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | |
| 8b | <p>Confirm that you understand all assessors will require to attend a Training Session at a CITB office location</p> <p>YES/NO</p> | | | | | | | | | | | | | | | | | | | | | |
| 8c | <p>Provide two references for all staff who intend to deliver the Be Fair Framework assessment – Attach as appendices</p> <p>Confirmation of attachments</p> <p>YES/NO</p> | | | | | | | | | | | | | | | | | | | | | |
| 9 | Training Location | | | | | | | | | | | | | | | | | | | | | |
| | <p>Indicate which geographical areas of the UK you intend to provide assessment:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Area</th> <th style="width: 20%;">Enter Yes/No</th> </tr> </thead> <tbody> <tr><td>Scotland North</td><td></td></tr> <tr><td>Scotland South</td><td></td></tr> <tr><td>England North</td><td></td></tr> <tr><td>England Central</td><td></td></tr> <tr><td>England South</td><td></td></tr> <tr><td>Wales North</td><td></td></tr> <tr><td>Wales South</td><td></td></tr> <tr><td>Whole UK</td><td></td></tr> <tr><td>Other Variations (provide details by County/Region)</td><td></td></tr> </tbody> </table> | Area | Enter Yes/No | Scotland North | | Scotland South | | England North | | England Central | | England South | | Wales North | | Wales South | | Whole UK | | Other Variations (provide details by County/Region) | | |
| Area | Enter Yes/No | | | | | | | | | | | | | | | | | | | | | |
| Scotland North | | | | | | | | | | | | | | | | | | | | | | |
| Scotland South | | | | | | | | | | | | | | | | | | | | | | |
| England North | | | | | | | | | | | | | | | | | | | | | | |
| England Central | | | | | | | | | | | | | | | | | | | | | | |
| England South | | | | | | | | | | | | | | | | | | | | | | |
| Wales North | | | | | | | | | | | | | | | | | | | | | | |
| Wales South | | | | | | | | | | | | | | | | | | | | | | |
| Whole UK | | | | | | | | | | | | | | | | | | | | | | |
| Other Variations (provide details by County/Region) | | | | | | | | | | | | | | | | | | | | | | |

10 Declaration

If approved to provide assessment and guidance for the CITB Be Fair Framework:

- we agree to provide our services in accordance with the Framework Guidance and implement updates as and when advised by CITB
- we agree to provide our services in accordance with the Provider Agreement
- we hereby give permission for CITB to contact us or our representatives
- we hereby give permission for CITB to enter our details on the Be Fair Framework Provider List
- we hereby confirm that the information given by us in this application is true and correct to the best of our knowledge

11 Signatures

| | |
|--|---|
| Name of Signatory: (block capitals) | |
| Position in Company: (block capitals) | |
| On behalf of (name of company): | |
| Cheque enclosed to value of: | £ |
| Date: | |

CITB (The Construction Industry Training Board, registered charity number 264289) will use your personal data. Your personal data is your contact details, any information we obtain directly from you or from third parties or as a result of our relationship with you for the purposes connected with our role as a Sector Skills Council and Industrial Training Board and in providing goods and services to you. We may disclose your information to our service providers or agents for these purposes but we will not otherwise pass your personal data to third parties for marketing purposes. You have a right to request a copy of the personal data we hold about you (for which we may charge a small fee) and to correct any inaccuracies in your information.

We would like to contact you to provide information on our products and services and our other activities and those of selected third party organisations that we think may be relevant and useful to you. If you do not want to receive such information please tick here []

OFFICIAL USE ONLY

Approved :

Rejected:

Authorised by:

Date:

Version Control

| Version | Date | What | Who |
|---------|------------|--|-----|
| V2.0 | 11/01/2017 | | |
| V3.0 | 05/02/2017 | <i>Text throughout document and Version control page</i> | CS |
| V3.1 | 06/02/2017 | <i>Change to Pricing Structure</i> | CS |
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