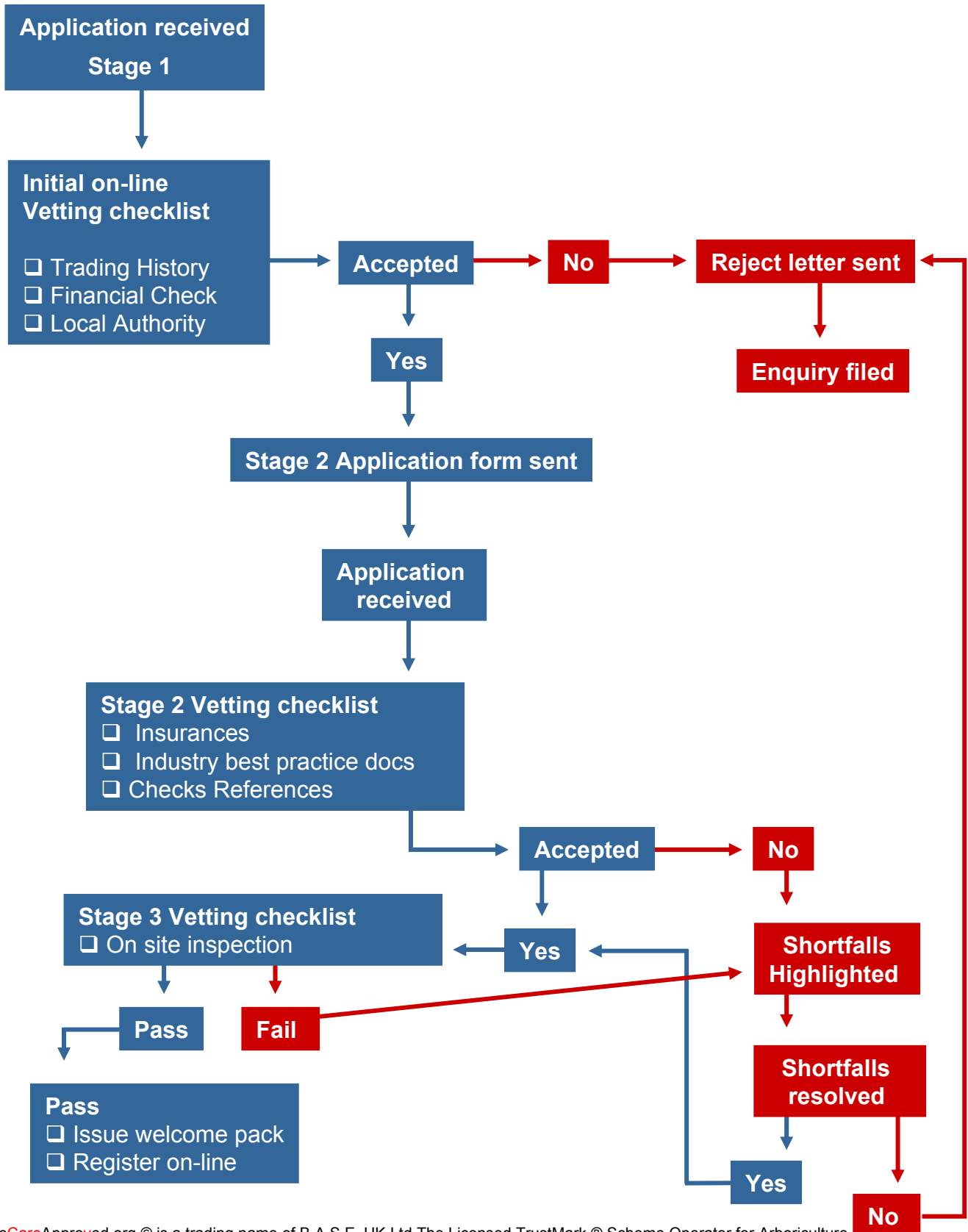


## Application – Process





## Application – Stage 1

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Company Trading Name (if different from above): \_\_\_\_\_

Date Company Formed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Status: Sole Trader  Partnership  Ltd  Plc

Other, Please State: \_\_\_\_\_

Company Registered No. (if applicable): \_\_\_\_\_

Do You Have Any Adverse History or Pending with the Following (delete as applicable):

Trading Standards: Yes/No

Local Authorities: Yes/No

Financial e.g. CCJ's: Yes/No

Have You Ever Been Disbarred as a Director: Yes/No

**Note:** If you have ticked 'yes' in section 'Adverse History', please supply details on a separate A4 sheet.

Are You One of the Following (delete as applicable):

Arborist Contractor: Yes/No

Arborist Consultant: Yes/No

Tree Officer: Yes/No

Other, Please State: \_\_\_\_\_

**Print Name:** ..... **Signature:** ..... **Date:** DD / MM / YY

**Office Use Only**

Application No: \_\_\_\_\_ Date Received: DD / MM / YY Processed by: \_\_\_\_\_

Further Action: Rejected  Accepted  Following Action: \_\_\_\_\_



## Application – Stage 2

Company Name: \_\_\_\_\_

Correspondence Ref No: \_\_\_\_\_

No. of Employees: \_\_\_\_\_

Public Liability Insurance Cover\*: £\_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Tel No. \_\_\_\_\_

Employees Liability Insurance Cover\*: £\_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insurer (if different from above): \_\_\_\_\_ Tel No. \_\_\_\_\_

Professional Indemnity (if applicable)\*: £\_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insurer (if different from above): \_\_\_\_\_ Tel No. \_\_\_\_\_

Do You Have a Current Health & Safety Policy\*: Yes/No

Do You Have Appropriate First Aid Certification\*: Yes/No

Do You Have a Training Policy/Matrix in Place\*: Yes/No (this will be required upon site visit)

Can You Supply a Copy of Employees Training Certification/Records\*: Yes/No (this will be required upon site visit)

Do You own a Copy of Industry Best Practise BS3998 1989, H.S.E: Yes/No

Do You Have a Current Customer Complaints Procedure\*: Yes/No

Are Your Loler Records Kept Up to Date Yes/No (this will be required upon site visit)

On successful completion of stages 1 & 2 you will receive a copy of the stage 3 on site vetting criteria. You will be given a period of time to put in place any shortfalls prior to the final on-site inspection (no more than 26 weeks) we will work with you towards a successful application process in order that you cover all the required elements.

### Note:

All items marked with an \* must be sent with this completed application Stage 2. Further information will be required for your on site inspection, you will be advised.

**Print Name:** ..... **Signature:** ..... **Date:** DD / MM / YY

Office Use Only	
Application No: _____	Date Received: DD / MM / YY Processed by: _____
Further Action: Rejected <input type="checkbox"/> Accepted <input type="checkbox"/>	Following Action: _____



## Application – Stage 2 continued

**You must supply the following references:**

### Trade References (min two)

Company Name:.....

Contact: .....

Address: .....

.....

.....Postcode: .....

Tel: .....

Nature of Business: .....

.....

Company Name:.....

Contact: .....

Address: .....

.....

.....Postcode: .....

Tel: .....

Nature of Business: .....

.....

### Home Owner/Client (min two)

Contact: .....

Tel: .....

Address: .....

.....

.....Postcode: .....

Works carried out? : .....

.....

.....

Contact: .....

Tel: .....

Address: .....

.....

.....Postcode: .....

Works carried out? : .....

.....

.....

**Note:**  
 We will contact the above for references, please enter their full details.  
 If you require more space, please use a separate sheet of paper and attach to this document.

I On behalf of Company Name: .....

Consent to a member of TreeCareApproved.org to make application for the purpose of references.

Print Name: ..... Signature: ..... Date: DD / MM / YY