



# The GUILD of MASTER CRAFTSMEN



## Application and Assessment Form

Please read and complete this form carefully. In addition to forming the basis of your application, the details contained herein will be assessed by the Council of Management to help decide upon your suitability for membership of The Guild of Master Craftsmen. When completed, please sign and date the application. Your application must be accompanied by payment for the first year only. If unsuccessful, any fee paid would be refunded in full within 10 working days. Your annual subscription for future years must be paid by Direct Debit (see subscription panel for details).

### 1. APPLICANT DETAILS

Title

Name and position of person making the application

Company name  Your trading name will appear on your membership card and certificate. Only the name registered on your certificate may use the Guild Logo if accepted for membership.

Trading name (if different)

Name of directors/partners

Company Reg. No.  Date of incorporation (if applicable)  VAT Reg. No.

Address

Town

County  Postcode

Telephone no.  Mobile no.

Direct contact phone no.

Email

Direct contact email

Website

No. of employees  No. of seasonal staff/sub-contractors  Year business established  No. of years in a similar trade or profession

Exact nature of business

Membership of other associations

#### FOR OFFICE USE ONLY

Membership number

I  C  A

Parent number

[findacraftsman.com](http://findacraftsman.com)

Name of executive

Date received \_\_\_\_\_

Date accepted \_\_\_\_\_

Checked for Trading Standards

1st year  CH  DD  CC Amount £

2nd year  CH  DD  CC Amount £

Post-dated  Yes  No Date

Enquiry source

Points scored

## 2. ASSESSMENT DETAILS

The Council of Management requires certain information in order to fully assess your application for membership.  
(If necessary please use a continuation sheet)

1. Do you have public liability insurance?  Yes  No

Please provide evidence of cover

Insurer	
Policy no.	
Indemnity limit £	Expiry date

2. Do you have employers' liability insurance?  Yes  No

Please provide evidence of cover

Insurer	
Policy no.	
Indemnity limit £	Expiry date

3. What checks do you make to ensure sub-contractors have their own liability insurance?

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4. Do you provide a written guarantee on your workmanship?  Yes  No

For how long?

Is this Insurance-backed?

Yes  No

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Yes  No

5. Do you operate a standard procedure for customer complaints?  Yes  No

Complaint procedure  Complaint acknowledged within 14 days  Complaint resolved within 28 days

6. Please detail any qualifications, special skills and awards which are significant in the running of your business.

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7. Does your name appear on any local authority/government or other list as approved?  Yes  No

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8. Do you have online reviews? Yes  No  Quantity

9. Please give details of any prestigious contracts or commissions you have been engaged on during the past two years.

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### Keywords for [www.findacraftsman.com](http://www.findacraftsman.com)

These words are used by the search engine when members of the public search for a tradesman.

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Architectural woodwork         | <input type="checkbox"/> Builders       | <input type="checkbox"/> Jewellery                     | <input type="checkbox"/> Loft & Property Converters | <input type="checkbox"/> Property Maintenance   |
| <input type="checkbox"/> Bathroom Planners & Furnishers | <input type="checkbox"/> Cabinet makers | <input type="checkbox"/> Joiners & Carpentry           | <input type="checkbox"/> Painters & Decorators      | <input type="checkbox"/> Property Refurbishment |
| <input type="checkbox"/> Bricklayers                    | <input type="checkbox"/> Carpenters     | <input type="checkbox"/> Kitchen Planners & Installers | <input type="checkbox"/> Paving                     | <input type="checkbox"/> Roofing                |
| <input type="checkbox"/> Building Construction          | <input type="checkbox"/> Flooring       | <input type="checkbox"/> Landscaping                   | <input type="checkbox"/> Plastering                 | <input type="checkbox"/> Stained glass          |
| <input type="checkbox"/> Building Services              | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Leather work                  | <input type="checkbox"/> Plumbers                   | <input type="checkbox"/> Windows & Skylights    |

Other:

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### 3. CUSTOMER REFERENCES

Please supply the names of seven customers as referees. References must be for work carried out in the last two years and relate to the trade you register with us. Telephone numbers and postcodes **MUST** be provided. Please indicate where your work or recently completed contract may be inspected.



**Referees must not be related to you.**

Use this QR code for easy completion.

Title	First name	Surname
Company		
Address	Postcode	
Email		
Telephone	Mobile	

Title	First name	Surname
Company		
Address	Postcode	
Email		
Telephone	Mobile	

Title	First name	Surname
Company		
Address	Postcode	
Email		
Telephone	Mobile	

Title	First name	Surname
Company		
Address	Postcode	
Email		
Telephone	Mobile	

Title	First name	Surname
Company		
Address	Postcode	
Email		
Telephone	Mobile	

Title	First name	Surname
Company		
Address	Postcode	
Email		
Telephone	Mobile	

Title	First name	Surname
Company		
Address	Postcode	
Email		
Telephone	Mobile	



# The GUILD of MASTER CRAFTSMEN



**INFORMATION TO MAKE SURE GOOGLE SEARCHES SEE YOUR LISTING.  
TO BE COMPLETED AS PART OF YOUR GUILD OF MASTER CRAFTSMEN APPLICATION.**

If your application is successful this information will form part of your business description, which can be changed at any time. These details are requested to ensure your business description is seen easily by Google for example.

**PLEASE COMPLETE THE BOXES BELOW. THIS WILL BE ADDED TO YOUR GUILD APPLICATION**

*\*Required*

Applicant Name\*

**What is your key area of trade and what is the main town or city that you work in?\***

**What other towns or areas do you work in?\***

**Please add any further information to support your business description\***


**Please complete online if you prefer**

## 5. PAYMENT – All applications must be accompanied by payment

I wish to pay by  Cheque  Credit/Debit Card  Direct Debit

To: The Guild of Master Craftsmen Services Ltd.

I enclose a cheque for £

Card details      

My card number is

Issue number  (If applicable)      Expiry date  (If applicable)      Security code  (The last 3 or 4 digits)

Please debit my credit/charge card with the sum of £

Billing address (If different to company address)   
Postcode

Signature       Date

### OR PLEASE INSTRUCT MY BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



**1 Name and full postal address of your Bank or Building Society**

To The Manager \_\_\_\_\_ Bank/Building Society  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_

**2 Name(s) of Account Holder(s)**

**3 Bank or Building Society account number**

**4 Branch Sort Code**

**Originator's Identification Number**

**Reference Number**

**Instruction to your Bank or Building Society:**

Please pay The Guild of Master Craftsmen Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit guarantee. I understand that this instruction may remain with The Guild of Master Craftsmen Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) \_\_\_\_\_  
Date \_\_\_\_\_

*Banks and Building Societies may not accept Direct Debit instructions for some types of account.*

### The Direct Debit Guarantee

***This guarantee should be detached and retained by the Payer.***

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit The Guild of Master Craftsmen Services Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request The Guild of Master Craftsmen Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by The Guild of Master Craftsmen Services Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when The Guild of Master Craftsmen Services Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



**Please see section 5 overleaf.**

## 4. DECLARATION

Have you or your company previously applied for Guild membership?  
If yes, please give full details, including date and outcome.

Have you or any of your fellow directors ever been declared bankrupt or disqualified from holding office as a director?  
Please provide full details, including name and home address.

Please enclose samples of your letterhead, business card and sales literature or photographs of your work with this application.

Do you have any criminal convictions or proceedings made against you by the Police, Trading Standards or any other enforcement agency (e.g. HMRC, Environmental Health, etc). If so, please give dates and details of these convictions.

I/We hereby make application to membership of The Guild of Master Craftsmen. If elected, I/we undertake to abide by the terms and conditions of membership and uphold the aims and objectives of The Guild at all times, to settle any customer complaints speedily and, where applicable, to use The Guild's Conciliation Service and to abide by its decision. I/We also undertake to ensure that any work done by sub-contractors used by me/us will be of the standard required by The Guild. I/We understand that if I/we are not elected, The Guild will refund the subscription fee but is under no obligation to disclose the reasons for non-election to membership. I/We also confirm that the information given by me/us is, to the best of my/our knowledge, correct at the time of application and undertake to inform The Guild in writing of any material change in the said information at any time throughout membership. Once elected, I/we understand that, on a regular basis, The Guild will mail information and journals on subjects which may be of interest to me/us.

I/We shall use our best endeavours to preserve the value and validity of the logo. I/We acknowledge the logo is owned by The Guild, any goodwill in the logo arising out of my/our use of it is owned by The Guild and that we can only use the logo under the terms of this agreement. I/We shall inform The Guild of any infringement of the logo. On termination of our membership I/we shall immediately cease using the logo.

The Guild may search my/our record at one or more credit reference agencies in order to check my/our identity (I/we understand that details of the search will be

recorded by the agency(ies) and that the details will be seen by other organisations carrying out later searches and may be used by them for making lending decisions, collecting debts or for fraud prevention). You may use and search these records to help make decisions about me/us in relation to a) credit and credit-related services and b) motor, household credit, life and other insurance proposals and claims, tracing debtors and recovering debt.

If you wish to withdraw your consent to this search you may do so at any time by notifying The Guild in writing.

I/We acknowledge:

- (a) that this application for membership (and membership itself if this application is accepted) is subject to the terms and conditions of membership
- (b) that I/we have received a copy of the terms and conditions of membership prior to signing this application form
- (c) that if my application for membership is successful then The Guild may disclose the fact that I am a member to anyone who may approach The Guild to request such information.

I/We consent to The Guild holding information about me/us on its database and other media even after my membership has ended.

Signature

Please print, sign and return by post or pass to your Guild Assessor

Name

Please complete in CAPITAL LETTERS

Date

The Guild of Master Craftsmen (GMC) collects personal information when you apply to become a member. For information explaining how it will use your information, please view its privacy policy at [www.guildmc.com](http://www.guildmc.com) or by contacting them at 166 High Street, Lewes, East Sussex BN7 1XU. Phone: 01273 478449.

In addition, The Guild would like to send you information about its own products and services, by post, telephone, email and SMS. If you agree to being contacted in this way, please tick the relevant box.

Post  Email  Phone  Whatsapp

The Guild would also like to share your information with other selected organisations so that they may send you information about their products and services. If you agree to your information being shared in this way, please tick the box.

This form has been completed by the applicant in my presence and, in the case of an individual applicant, I confirm that I have seen their passport/driving licence.

Signature  
of executive

Please print, sign and return by post or pass to your Guild Assessor

Name

Please complete in CAPITAL LETTERS

Date

**I enclose:**

Certificate of Public Liability Insurance  
 Payment information

Certificate of Employers' Liability Insurance  
 Samples of letterhead, business cards and sales literature

The Guild of Master Craftsmen is a company limited by guarantee. It is administered by a Council of Management.