**Application Form for Validate Licence**

Please complete all sections as these are mandatory. Please provide the following information:

|  |  |
| --- | --- |
| **Name of organisation**  |  |

|  |  |
| --- | --- |
| **Is the application for the entire organisation?**  | Yes No  |
| **If no, please indicate which department/team the application is being made for.** |  |

|  |  |
| --- | --- |
| **Name of contact for all enquiries and requests for information.**  |  |
| **Job Title**  |  |
| **Telephone number** |  |
| **Email address** |  |
| **Address of organisation**  |  |
| **Location of other sites (if appropriate)** |  |

|  |  |
| --- | --- |
| **Projected number of employees /candidates for Validate**  |  |

|  |
| --- |
| **Organisation’s Accreditations (if applicable)** |

For example: Investors in People, CIWM (Affiliated Organisation Scheme) or ISO.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Criteria for Licence Approval Checklist**

Please tick to confirm that the organisation meets the criteria as noted below. Each criterion must be authorised by a senior member of staff who has responsibility for Validate.

|  |  |  |
| --- | --- | --- |
|  | **🗸** | **Name, Signature and Date** |
| The organisation complies with all the relevant Health & Safety legislation and takes all reasonable steps to ensure that the delivery of the Validate programme offered to employees is provided in a safe, health and supportive environment, which meets the reasonable needs of each employee. |  |  |
| The organisation complies with the requirements of the Equality Act 2010. |  |  |
| The organisation understands the requirement for training and development inclusive of participating in the Validate programme.  |  |  |
| All employees understand their roles and responsibilities within the organisation and how they contribute to the overall organisational objectives.  |  |  |
| All staff are appraised at least once a year to review their performance and to highlight training and development needs for the coming year.  |  |  |
| Records are kept of the development undertaken by staff; these will be made available to WAMITAB through the assessment process.  |  |  |
| Details of the supervisors/assessors, location, address and contact details will be made available to the Validate programme contact and WAMITAB as required. |  |  |
| A process is in place for managing appeals for employee/candidates.  |  |  |
| An up to date CV or management statement for each supervisor/assessor is made available to the Validate programme contact within the Organisation. (The statement should confirm that each individual has sufficient industry knowledge understanding and skills to perform the role. Additionally, confirm that the individual will only assess in their acknowledged area of expertise.)  |  |  |

**Declaration**

I confirm that the information in this application is true and correct the best of my knowledge and belief.

I agree if at any time I become aware that any information in this application is incorrect or if changes are made in anyway, that I will notify WAMITAB immediately.

WAMITAB shall be entitled to suspend the Validate Licence, whilst it investigates any reasonable concern.

WAMITAB shall be entitled to withdraw approved Validate Licence where it is found that the organisation is not compliant with WAMITAB’s requirements.

WAMITAB will monitor employers to ensure that Validate is being appropriately delivered. The organisation agrees to co-operate with WAMITAB’s monitoring process.

Print Name:…………………………………………………………………………………..

Signature:…………………………………………………………………………………….

Job Role:………………………………………………………………………………………

Dated ………………………………………………………………………………………….

Account Application Form

|  |  |
| --- | --- |
| **Name of Company:** |  |
| **Co. Registration/****Charity Number** |  |
| Invoice Address: |  |
|  |  |
| Contact: |  |
| Tel: |  |
| Fax: |  |
| Email: |  |
|  |
| Amount of Credit Agreed: | **£2000** |
|  |
| **Name of Bank:** |  |
| Branch Address: |  |
|  |  |
| Account No: |  |
| Sort Code: |  |
| Please provide 2 trade references |
| **Trade Reference 1:**Company Name: |  |
| Address: |  |
|  |  |
| Contact: |  |
| Tel: |  |
| Fax: |  |
| Email: |  |
|  |
| **Trade Reference 2:**Company Name: |  |
| Address: |  |
|  |  |
| Contact: |  |
| Tel: |  |
| Fax: |  |
| Email: |  |

**Please note that our Payment Terms are strictly 30 days from the date of invoice**

Declaration

I, being a duly authorised officer of this Business do agree that payment of all accounts will be received by WAMITAB in accordance with your stated Terms and Conditions of Payment within 30 days of date of invoice.

I understand that adherence to the Terms and Conditions of Payment overleaf, forms part of this agreement.

Name: ................................................... Signature: ..............................................................

Date: ..............................

Terms and Conditions of Payment

**Credit Facilities**

Companies/organisations wishing to open credit facilities should complete an Account Application Form (Ref: AAF/01) and return it with the relevant information to WAMITAB. Credit facilities will not be granted without a satisfactory AAF/01. If a credit facility is granted to the Centre, it will be on condition that the price of the goods/services shall be paid, to WAMITAB, within 30 days of the date on which the goods/services are invoiced. WAMITAB reserve the right not to grant credit facilities following receipt and analysis of Form AAF/01.

WAMITAB reserves the right to withdraw or vary credit facilities at any time by summary written notice to the company/organisation without either giving any reason for doing so, or thereby incurring any liability to the company/organisation.

**Late Payment**

In the case of late payment, WAMITAB shall be entitled to charge and recover interest from the centre on the price of goods/services, calculated at whichever shall be the greater: the statutory interest payable under the Late Payment of Commercial Debts (Interest) Act 1998 or the rate of 8% per annum above the reference rate.

**Certification Following Payment of Application Fees**

The company/organisation’s personnel (and their candidates) should be aware that WAMITAB will only issue the appropriate certificate once the requisite payment has been cleared through its Bank. This may cause some delay to candidates if payment occurs towards the end of the 30 day period (please note that this is in addition to the time it takes to raise the certificate - currently this is approximately 10 days.)

**Administration**

The company/organisation must state the invoice number they are paying on each payment notification.