



UKCMA APPLICATION FORM

This form must be completed by all prospective members. Please complete, sign and return the document to the address at the bottom of the page and return as soon as possible.

Full Membership will only be granted to those companies who can produce certified accounts for a period of three years, have a turnover of at least £500,000.00 per annum, and can show that the majority of turnover was for work directly involved in Crowd Management, not just the supply of staff to other Crowd Management companies, and that they follow the aims and objectives of the UKCMA.

1. Company Name: _____

2. Trading Address: _____

3. Telephone No: _____ Fax No: _____

4. Legal Status: Limited Company/Partnership/Sole Trader/Self
Employed/Other – (Please Specify)

6. If a Limited Company, Please Provide Registration No: _____

7. If Partnership or Sole Trader, Please Provide The Following:

Partner/Sole Trader, Individuals Name: _____

Partner 2 Name: _____

8. Are You Registered For VAT: Yes/No:

9. VAT Registration No: _____ (Please Provide Copy Of
Certificate)

10. Please Provide Proof of Insurance and attach:

Questions:	Yes/No:	Comments:
1. Do you have a Company Health and Safety Policy? * Please supply a copy of your current Company Health and Safety Policy.		
2. Do you carry out health and safety risk assessments of all your work activities? * Provide samples of risk assessments undertaken within the last 12 months.		
3. Do you undertake accident investigation of all incidents involving members of staff and the general public and report RIDDORS (Reporting of Injuries Diseases and Dangerous Occurrences)? * Provide example of company accident form.		
4. Do you keep accident records? * Please provide details.		
5. Do you provide staff health and safety training? * Please provide details.		
6. Are staff trained to a recognised standard in the areas of 'Crowd Safety Stewarding, SIA Door License, and Static Guarding'? * Please provide details.		
7. Do you issue Personal Protective equipment (PPE) to your staff (e.g. waterproof clothing, head and eye protection, safety footwear, hearing protection, high visibility clothing etc)? * Please specify.		
8. How do you communicate with staff on Health and Safety matters? * Please provide details		
9. Do you supply staff with a company uniform? * Please provide details.		
10. Have your management team completed a recognised 'Management Health and Safety Training course' e.g. IOSH / NEBOSH? * Please provide details.		
11. Do you hold a recognised quality assurance standard e.g. Investors in People, ISO 9001? * Please provide details.		
12. How many full-time staff do you employ?		

* Please specify.		
13. How many part-time / casual workers do you employ?		
* Please specify		
14. Please supply details of your company recruitment policy.		
15. Are you a member of an approved contractor scheme?		
* If Yes, please specify		
16. Do you operate an Equal Opportunities policy?		
17. Please supply details of your company management structure.		
18. What are the geographic locations of your staff and their offices?		
19. Please provide two recent business references.		

Directors

NAME	DATE OF BIRTH	POSITION

Confirmation of Turnover

Turnover per Annum	
Percentage of Turnover in Event Work	

Please Tick

Trading Accounts	
Companies House	
Other	

Training

Please detail the training that is provided to your personnel along with any trade qualification that you may have to substantiate this:-

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Are you part of any other company/companies? – if yes please give details:-

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Declaration

I declare that the information provided as part of this application, is to my knowledge accurate.

I confirm that we will comply with the constitution and follow the best practice policies, democratically established by the Committee of the UKCMA and all legislation and Industrial requirements.

Name	
Position	
Signature	
Date	

Please feel free to add any other information you feel would be of interest to the UKCMA.

Once completed, please return this application to:

Chris Woodford
EB Events & Safety Ltd
Unit 6 & 10 Centech Park
Fringe Meadow Rd
Redditch
B98 9NR
chris@ebsecurity.com

UKCMA OFFICIALS ONLY

Information checked by

Chairman	Date:	Signature:
Secretary	Date:	Signature:
Treasurer	Date:	Signature:
Other	Date:	Signature: