



# application for certified membership

## APPLICATION FOR CERTIFIED MEMBERSHIP

### Part 1 Personal Details

Surname		Title	
First Name(s)			
Date of birth			
Address			
Address			
Address			
Address			
Postcode			
Company			
Address			
Address			
Address			
Postcode			

Please indicate preferred mailing address for all future correspondence    Home     Work

Home Tel		Please indicate preferred contact telephone number	
Work Tel			
Mobile			
Home email		Please indicate preferred e-mail contact address	
Work email			

<p>Please indicate your main profession or background (Please tick one option only)</p> <table border="1"> <tr> <td>Architect</td> <td>Construction management</td> <td></td> </tr> <tr> <td>Architectural technologist</td> <td>Contractor</td> <td></td> </tr> <tr> <td>Building surveyor</td> <td>Developer</td> <td></td> </tr> <tr> <td>Building services design</td> <td>Planning/building control</td> <td></td> </tr> <tr> <td>Civil engineering</td> <td>Project management</td> <td></td> </tr> <tr> <td>Construction client</td> <td>Quantity surveyor</td> <td></td> </tr> <tr> <td>Construction health and safety</td> <td>Specialist contractor</td> <td></td> </tr> <tr> <td>Construction phase H&amp;S advisor</td> <td>Structural engineering</td> <td></td> </tr> <tr> <td>Pre-construction H&amp;S advisor</td> <td></td> <td></td> </tr> <tr> <td>Other (please complete):</td> <td></td> <td></td> </tr> </table>	Architect	Construction management		Architectural technologist	Contractor		Building surveyor	Developer		Building services design	Planning/building control		Civil engineering	Project management		Construction client	Quantity surveyor		Construction health and safety	Specialist contractor		Construction phase H&S advisor	Structural engineering		Pre-construction H&S advisor			Other (please complete):			<p>Please indicate your choice of APS regional group (Please tick one option only)</p> <table border="1"> <tr> <td>Scotland North</td> <td>East Midlands</td> <td></td> </tr> <tr> <td>Scotland East</td> <td>East Anglia</td> <td></td> </tr> <tr> <td>Scotland West</td> <td>London</td> <td></td> </tr> <tr> <td>Northern Ireland</td> <td>South East England</td> <td></td> </tr> <tr> <td>Northern England</td> <td>South West England</td> <td></td> </tr> <tr> <td>Yorkshire</td> <td>South Central England</td> <td></td> </tr> <tr> <td>North West England</td> <td>Isle of Man</td> <td></td> </tr> <tr> <td>Wales</td> <td>Overseas</td> <td></td> </tr> <tr> <td>Midlands</td> <td></td> <td></td> </tr> </table>	Scotland North	East Midlands		Scotland East	East Anglia		Scotland West	London		Northern Ireland	South East England		Northern England	South West England		Yorkshire	South Central England		North West England	Isle of Man		Wales	Overseas		Midlands		
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## Part 2 Points, CPD and Training

MINIMUM CREDIT POINTS REQUIRED FOR CERTIFIED MEMBERSHIP IS 22

### A. QUALIFICATIONS – MINIMUM OF 11 CREDIT POINTS

DESIGN		MINIMUM OF 4 POINTS REQUIRED	
Awarding Body	Description (complete ALL columns using the references in the Credit Tables document)	Credit Value	APS Ref

CONSTRUCTION HEALTH AND SAFETY		MINIMUM OF 5 POINTS REQUIRED	
Awarding Body	Description (complete ALL columns using the references in the Credit Tables document)	Credit Value	APS Ref

CONSTRUCTION		MINIMUM OF 2 POINTS REQUIRED	
Awarding Body	Description (complete ALL columns using the references in the Credit Tables document)	Credit Value	APS Ref

### B. EXPERIENCE – MINIMUM OF 5 CREDIT POINTS - refer to entrance criteria and application guidance Section 3

EXPERIENCE IN THE CONSTRUCTION INDUSTRY	Credit Value	Dates
Brief description of your Pre-construction phase health and safety or construction health and safety experience. Please include credit values and dates.		
<b>TOTAL</b>		

### C. CONTINUING PROFESSIONAL DEVELOPMENT (CPD) AND TRAINING

**CONTINUING PROFESSIONAL DEVELOPMENT (REQUIRED)**  
 I enclose my CPD history for the previous 2 years, listing topic, date and duration (tick to confirm)

TRAINING			
Have you undertaken any of the following training? (Tick all which apply and enclose your copy certificate)			
Asbestos	<input type="checkbox"/>	Lead	<input type="checkbox"/>
Fire Safety on Construction Sites	<input type="checkbox"/>	Temporary Works	<input type="checkbox"/>
Health (construction dusts, Musculo-skeletal, noise and vibration, dermatitis, solar)	<input type="checkbox"/>	Working at height	<input type="checkbox"/>
Leadership/soft skills	<input type="checkbox"/>	Demolition	<input type="checkbox"/>



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## Part 3 Project related experience

ARE YOU PRACTISING IN PRE-CONSTRUCTION HEALTH AND SAFETY OR CONSTRUCTION HEALTH AND SAFETY FULL TIME?

YES  NO

IF NO, PLEASE ADVISE HOW MANY DAYS PER WEEK (ON AVERAGE) YOU CARRY OUT THE ROLE:

Please complete brief details of projects you have been involved in. Please do not list any more than 10 projects.

Title of Project	Type of Project (e.g. Civils, Refurb, M&E)	Nature of Role	Duration of Appointment (x weeks)	Start Date (Month/Year)



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## Part 4 Practical Evidence

**SUPPORTING EVIDENCE SELECTED FROM PROJECTS LISTED IN PART 3 IS REQUIRED FOR THOSE ITEMS INDICATED WITH A FILE NAME REFERENCE.**

**EVIDENCE SHOULD BE FOR A PROJECT WITHIN THE PREVIOUS 12 MONTHS (OR MOST RECENT WITHIN PREVIOUS 3 YEARS)**

CDM Capability Areas	Summary of Practice Elements Covered	Practice Skills, Knowledge, and experience (tick as appropriate)	Evidence Required
1. Advising and assisting duty holders	Discuss and confirm project health and safety requirements and roles and responsibilities with duty holders Advice on Pre-construction phase issues	SKILLS <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> EXPERIENCE <input type="checkbox"/>	Provide evidence of ways you have advised and assisted duty holders on projects  File Name: _____
2. Communication arrangements and methods	Establish and maintain effective project communication systems (in respect of co-ordination and co-operation) Communicate with people who are affected by your work Participate in meetings	SKILLS <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> EXPERIENCE <input type="checkbox"/>	Demonstrate ways in which you communicate effectively with other project team members and duty holders  File Name: _____
3. Pre-construction information	Obtain, evaluate and provide pre-construction related information to relevant project team members	SKILLS <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> EXPERIENCE <input type="checkbox"/>	Provide a recent real project example of how you identify, collect, record and distribute Pre-Construction Information (do <u>not</u> include the PCI itself)  File Name: _____
4. Design risk management	Identify and assess design related hazards and methods of managing residual risks  Principles of prevention	SKILLS <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> EXPERIENCE <input type="checkbox"/>	Provide a recent real project example of a Risk Register/Schedule which identifies outcomes of design risk management in Design or Project Teams  File Name: _____
5. Health and safety file	Identify the information needed in response to the project; identify the source of the information, when it should be made available and its relevance to future construction work	SKILLS <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> EXPERIENCE <input type="checkbox"/>	Provide evidence of information you have provided for a recent Health and Safety File (do <u>not</u> include the whole File)  File Name: _____
6. Construction phase plan	With the Principal Contractor, consider the content of the CPP against the PCI for a project, and its response to project specific issues	SKILLS <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> EXPERIENCE <input type="checkbox"/>	Provide evidence of how you liaise with Principal Contractors regarding the preparation of the Construction Phase Plan taking account of Pre-Construction Information  File Name: _____



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## Part 4 Practical Evidence (cont)

**SUPPORTING EVIDENCE SELECTED FROM PROJECTS LISTED IN PART 3 IS REQUIRED FOR THOSE ITEMS INDICATED WITH A FILE NAME REFERENCE.**

**EVIDENCE SHOULD BE FOR A PROJECT WITHIN THE PREVIOUS 12 MONTHS (OR MOST RECENT WITHIN PREVIOUS 3 YEARS)**

CDM Capability Areas	Summary of Practice Elements Covered	Practice Skills, Knowledge, and experience (tick as appropriate)	Evidence Required
7. CDM resources and management appointment	Evaluate CDM service for a project Assess resources required and costs for delivery of service Negotiate, deliver and conclude contract for CDM duty holder service	SKILLS <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> EXPERIENCE <input type="checkbox"/>	Provide evidence of formal appointment to CDM role File Name: _____
8. Providing advice in a proportionate and professional manner	Identify, analyse and resolve complex situations Conform to codes of professional practice Make sure your own actions reduce risks to health or safety	SKILLS <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> EXPERIENCE <input type="checkbox"/>	Provide evidence of providing advice and own actions File Name: _____



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## Part 5 Application Fee and Declaration

### Application Fee

Application fee payment (NON REFUNDABLE)	<input type="checkbox"/> £150	<input type="checkbox"/> £110
	(Rate only available for Applicants who have attended and passed an APS accredited 3-day course in either the Management of Pre-Construction Health and Safety or the 2 or 3-day Course for Principal Designer. You must apply for membership within 3 months of the issued APS Certificate to obtain this rate.)	

Please charge the above amount to my MasterCard / Visa / Switch / Delta / Other \_\_\_\_\_ (Please specify)  
(We do not accept Amex)

Card No:	<input type="text"/>								
Card details:	<table border="1"> <tr> <td>Start date</td> <td><input type="text"/></td> </tr> <tr> <td>Expiry date</td> <td><input type="text"/></td> </tr> <tr> <td>Issue No. (Switch only)</td> <td><input type="text"/></td> </tr> <tr> <td>Card Security Code</td> <td><input type="text"/></td> </tr> </table>	Start date	<input type="text"/>	Expiry date	<input type="text"/>	Issue No. (Switch only)	<input type="text"/>	Card Security Code	<input type="text"/>
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Expiry date	<input type="text"/>								
Issue No. (Switch only)	<input type="text"/>								
Card Security Code	<input type="text"/>								

### Cardholder billing details

Name	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Cardholder signature	<input type="text"/>

Now please sign the declaration below then return your application with evidence and payment to:  
[membership@aps.org.uk](mailto:membership@aps.org.uk)

I declare that:		
<ul style="list-style-type: none"> <li>The information provided is true and accurate;</li> <li>I will abide by APS Rules and Code of Conduct and undertake to contribute an amount not exceeding £1 to the Company's assets in the event of the dissolution or winding up of the Company in accordance with the Memorandum of Association of the Company; and</li> <li>I will accept that the decision on my application is based on the information provided by me and that the decision of the membership team is final.</li> </ul>		
Signature	<input type="text"/>	Date
	<input type="text"/>	<input type="text"/>