Application from Designated Service Adviser

for company recognition under the IHBC’s

Historic Environment Service Providers Recognition

(HESPR)

**Designated service adviser (DSA)**

|  |  |
| --- | --- |
| Name of ‘designated service adviser’ |  |
| Job title |  |
| Relevant qualifications |  |
| Contact address (if different from above) |  |
| Postcode |  |
| Telephone |  |
| Email address |  |

|  |  |
| --- | --- |
| Date of admission to IHBC Full Membership  |  |
| IHBC Membership No. |  |

**About the company you represent**

|  |  |
| --- | --- |
| Name of company  |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Company web site address |  |
| Please complete where applicable: | Company Registration Country and Number  |
|  | Charity Number |
|  | VAT Registration Number |

|  |  |
| --- | --- |
| How many Full-time equivalent (FTE) staff does the company employ? |  |
| How many of these are professional staff (including conservation, planning, architecture, archaeology, architectural history etc) |  |
| How many of these are historic environment conservation specialists? |  |
| How many of your staff are IHBC Full Members? |  |
| How many of your staff are IHBC Associate or Affiliate Members? |  |

**Declarations**

As the HESPR ‘designated service adviser’ I am applying for recognition of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of company*) under the IHBC’s Historic Environment Service Providers Recognition (HESPR) scheme.

I have read and understood the guidance provided by the IHBC on its HESPR scheme. As my company’s HESPR ‘designated service adviser’, I can confirm that it maintains the following standards in its business operations.

|  |  |
| --- | --- |
|  | *PLEASE Sign here to confirm each point* |
| Maintains business accounts and records in accordance with appropriate statutory requirements & ethical standards  |  |
| Meets all relevant current Health and Safety legislation  |  |
| Maintains suitable insurance cover against risks appropriate to its operations |  |
| Carries out all relevant work in accordance with the Code of Practice of The Institute of Historic Building Conservation, including working to  |  |

I understand that:

1. providing false information will lead to immediate termination of recognition under HESPR by the IHBC,
2. the company I represent will continue to carry out all relevant work only using properly qualified staff in accordance with the Code of Practice of the institute of Historic Building Conservation and continue to manage its business operations as stated above.
3. failure to observe these terms constitutes a breach of the IHBC’s Code of Conduct, and would render me subject to disciplinary action.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |

**Enclosures**

*As well as this application form I enclose the following*:

|  |  |
| --- | --- |
| Pro forma for data inclusion |  |
| Two completed referees forms |  |
| Application Fee (if new application) |  |
| Annual Subscription according to the size of practice (*See attached guidance*) |  |
| Other (please state) |  |