

BRAMM

**BRAMM FIXER
LICENCE**

**APPLICATION
FORM**

Post your application to:

**BRAMM
Room F17
Kestrel Court
Waterwells Business Park
Gloucester
GL2 2AT**

APPLICATION FORM BRAMM FIXER LICENCE

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

TRADING NAME OF BUSINESS.....
BRAMM BUSINESS ACCREDITATION NO.
ADDRESS.....
..... TOWN
COUNTY..... POST CODE
TEL NO FAX NO
EMAIL ADDRESS
CONTACT NAME

PLEASE LIST BELOW THE NAMES OF ANY EMPLOYEES (INCLUDING YOURSELF) THAT YOU WOULD LIKE TO BE ACCREDITED.

- 1. PLEASE INCLUDE 3 RECENT PASSPORT PHOTOGRAPHS FOR EACH APPLICANT**
- 2. PLEASE INDICATE THE NAME ON THE REVERSE OF THE PHOTOGRAPH**
- 3. ENSURE THAT THEY ARE DATED AND SIGNED ON THE REVERSE BY A DIRECTOR OF THE COMPANY.**
- 4. PLEASE INCLUDE A COPY OF EACH FIXER'S QUALIFICATION**

Please note the following qualifications accepted and stipulations in respect of the issue of BRAMM Fixer Licenses:

i) Full NVQ / SVQ Level 2 or Level 3 (must include 'Fix & Secure' unit) – Fixer License for full five years. Note: If the applicant has only achieved the 'Fix and Secure' unit of the above qualification they must attend the BRAMM Theory Training Day within six months of their license being issued. We cannot accept any applicants who have not completed the 'Fix and Secure' unit.

ii) BRAMM Training and Testing – Fixer License for full five years

iii) NAMM qualification (City & Guilds RQMF) – applicant must attend BRAMM Theory Training Day within six months of their license being issued.

FIXER

1. FULL NAME OF APPLICANT

Is the applicant employed by the Parent Company above? YES/NO

If NO please give Name and Address of Branch:-

.....

..... TOWN

COUNTY..... POST CODE

TEL NO FAX NO

EMAIL ADDRESS DATE OF BIRTH.....

2. HAS THE FIXER EVER BEEN BARRED FROM PERFORMING WORK IN ANY BURIAL GROUND, WHETHER IN A COUNCIL'S AREA OR ELSEWHERE WITHIN THE LAST 2 YEARS?

YES/NO

IF YES, PLEASE SUBMIT DETAILS.

.....

.....

3. IS THIS FIXER A SUB-CONTRACTOR OR SELF EMPLOYED? YES/NO

4. SIGNATURE OF FIXER.

.....

FIXER

1. FULL NAME OF APPLICANT

Is the applicant employed by the Parent Company above? YES/NO

If NO please give Name and Address of Branch:-

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..... TOWN

COUNTY..... POST CODE

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YES/NO

IF YES, PLEASE SUBMIT DETAILS.

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3. IS THIS FIXER A SUB-CONTRACTOR OR SELF EMPLOYED? YES/NO

4. SIGNATURE OF FIXER.

.....

BRAMM

British Register of Accredited Memorial Masons
Room F17, Kestrel Court, Waterwells Business Park, Gloucester. GL2 2AT
Tel: 01452 346741 E-mail: bramm@bramm-uk.org

DECLARATION

1. I have enclosed 3 recent passport photographs for each fixer dated and signed on the back by a Director of the company. (Please also name each fixer on the reverse.)
2. I have enclosed a copy of each fixer's qualification (NVQ, SVQ or C&G).
3. I enclose a payment of £25 + VAT for each fixer, payable to BRAMM, and I understand that this is not refundable.

Signed: Date:

Name: (Please print)

Position:.....

Supporting Organisations



British Register of Accredited Memorial Masons

Scheme Administered by:
BRAMM
Room F17
Kestrel Court
Waterwells Business Park
Gloucester
GL2 2AT

Telephone: 01452 346741

E-mail: bramm@bramm-uk.org Web site: www.bramm-uk.org

BRAMM

British Register of Accredited Memorial Masons

Room F17, Kestrel Court, Waterwells Business Park, Glos, GL2 2AT

Tel: 01452 346741

E-mail: bramm@bramm-uk.org

DECLARATION

1. I understand that I will be required to complete each stage before becoming accredited and that the stages are as follows:-

Business Registration

Practical Assessment

2. I agree to abide by and adhere to BRAMM's Rules and Regulations.
3. I agree to abide by Burial Authority rules and regulations.
4. I agree to allow random spot check visits to be undertaken by a BRAMM Assessor and have the required documentation available for inspection.
5. I agree to abide by and adhere to BRAMM's Disciplinary procedures.
6. I agree that my company details (name, address and contact details) will be shown on a database available on the BRAMM website.
7. I declare that all materials used will comply with BS8415 and that fixers will become accredited in accordance with guidance issued by BRAMM.
8. I understand that that once signed this Declaration will become a binding commitment until terminated by either BRAMM or my company.
9. I enclose a cheque for the registration fee (please contact BRAMM for information).

I understand that the Business Registration Fee is non-refundable if my application is refused.

Signed: Date:

Name: (please print)

Position:.....

Supporting Organisations



