

Business Name:

Registered Address:

Application to Join the Worktop Fabricators Federation



Thank you for your application for WFF membership

Please complete this form and send in all required documentation to the email address below. We will then review and confirm acceptance as soon as possible.

Chris Pateman Email <u>administrator@worktopfabricators.org</u>

Company Vat No:

Factory Address (if different):			
Accounts Contact Email and Tel. No:			
Main Contact Name, Email and Tel. No:			
Contact Name and Mobile No. to be added to the WFF Official WhatsApp Group:			
Contact Email for mailing list:			
Please provide +/- 100 words about the business for our website and social med	lia plat	form	
	Yes	No	Comment (if required)
Do you accept that Company Membership will be subject to approval from the WFF Board?			
Do you commit to paying the annual membership fee (currently £500)			
Do you have a clear company logo and will email to office@worktopfabricators.org?			
Do you operate a permanent stone worktop fabrication workshop, which is at least partly mechanised?			
Do you operate a PAYE scheme and make all deductions?			
Does your company directly employ the majority of its workforce and management team?			
Will a senior member of your company attend a minimum of one regional meeting per year?			
Are all factory and installation teams supplied with face fitted masks?			
Do you carry out all primary and secondary cutting wet?			
Are your installation teams, including sub-contractors, given either TH3/TM3 face masks with appropriate face fit testing when cutting on site?			
As a condition of membership, Do you agree to a WFF audit of your premises (if requested) by a WFF Appointed Person?			
Are you able to hold a reginal WFF members only meeting,—to share knowledge/experiences and issues within the industry?			
I have attached a copy of our Public Liability Insurance.			
I have attached a copy of our latest signed Health and Safety Policy.			
I have attached a copy of our Method Statement for templating installation.			
I have attached a copy of our Silica Risk Assessment and Method Statement.			
Signed: Name:		1	Date: