

# **PUBLIC BODY MEMBERSHIP**

## **APPLICATION PACK**

Applications for Public Body Membership of CIVEA can only be considered if the applicant provides all the required documentation and meets the eligibility criteria for membership of the association. If the application for membership is successful, the member will observe and abide by the principles in the CIVEA Rules of the Association and the CIVEA Code of Practice for Enforcement. Members must also agree to an annual, independent audit to ensure compliance.

In all cases, membership applications will be considered by members of the Executive Council after receipt of all the necessary documentation.

Any enforcement agent bonds that are required from the association can be requested after membership is confirmed.

Public Body Member subscription rates are calculated annually by using a turnover based system with a set minimum level. Further details can be provided upon request. To enable CIVEA to calculate the exact membership cost for your company, we require a Statement of Financial Turnover form to be completed. This can be found on page 7 in the application form.

### **A Public Body Member is entitled to the following benefits**

- A representative to attend CIVEA general meetings where policy issues are discussed and is entitled to a single vote.
- Receive the minutes of all CIVEA general meetings.
- Use of the CIVEA logo on the company's website and company literature
- Free enforcement agent bonds for employees issued in accordance with the CIVEA Rules.
- Access to the IRRV's Level 2 TCOG accredited training programme and examination (additional examination fees apply).
- Publication of the company's contact details on the CIVEA website along with a link to their own.
- A copy of the quarterly edition of Enforcement News.



## APPLICATION FOR PUBLIC BODY MEMBERSHIP OF CIVEA

### Section 1

#### Applicant Information

Name of the organisation applying  
for membership: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant a:

a local authority                      YES    NO  
                             (If yes complete section 2)

a partnership                          YES    NO  
                             (If yes complete section 3)

an agency                                YES    NO  
                             (If yes complete section 3)

**IF THIS APPLICATION IS FOR A REGISTERED COMPANY, PLEASE USE THE CORPORATE MEMBERSHIP APPLICATION FORM**



Section 2  
Local Authorities

Name(s) of contact person(s):

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and address of the Local Authority:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How long has the enforcement team been established: \_\_\_\_\_

Total number of staff: \_\_\_\_\_

Total number of enforcement agents: \_\_\_\_\_



**Section 3**  
**Agencies and Partnerships**

Name of the partnership or agency \_\_\_\_\_

Please list the details of the local authorities the partnership or agency works for and on behalf of:

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Details of the employing local authority for the applicant member (if applicable):

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long has the enforcement team been established: \_\_\_\_\_

Total number of staff: \_\_\_\_\_

Total number of enforcement agents: \_\_\_\_\_





**Section 5**  
**Type of work undertaken**

Tick all types of work undertaken:

- |             |                          |             |                          |                    |                          |
|-------------|--------------------------|-------------|--------------------------|--------------------|--------------------------|
| Council Tax | <input type="checkbox"/> | Parking/PCN | <input type="checkbox"/> | Non-Domestic Rates | <input type="checkbox"/> |
| Sundries    | <input type="checkbox"/> | CRAR        | <input type="checkbox"/> | Housing            | <input type="checkbox"/> |

Other (please specify) \_\_\_\_\_

**Section 6**  
**Data Protection and Complaints**

Data Protection Officer Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Complaints Manager Name \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 7**  
**Finance**

Please provide details of the financial arrangements for the collection and distribution of monies and fees. This applies to all applicants including partnerships and agencies who work on behalf of multiple authorities. (continue on a separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Finance Department contact name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 8**  
**Statement of Turnover**

CIVEA Public Body Members subscriptions are turnover based. To set the appropriate subscription for your company and in accordance with Rule 18(c), you are required to complete the declaration below. Please complete and submit this form with your membership application form. Please note that subscription costs are reviewed annually.

For partnerships and agencies who collect on behalf of several local authorities, the calculation should be the total amount of all fees collected.

The declaration must be signed by a Director, Senior Manager, Partner or Owner of the company making this application.

It does not need to be signed by an accountant.

This information will be treated in the strictest confidence and this page will be removed from the application pack upon receipt.

**Declaration**

On behalf of \_\_\_\_\_ *(insert the name of the applicant)*

I declare that the total sum of fees paid, for Non-High Court work, under the Taking Control of Goods (Fees) Regulations 2014 for the last 12-month period up to \_\_\_\_\_ *(insert date)* was:

**If less than £1.0 Million, please tick here** \_\_\_\_\_

**If between £1.0 Million and £3.0 Million tick here** \_\_\_\_\_

**If more than £3.0 Million, please state the amount here:** **£** \_\_\_\_\_

Authorised and signed by: \_\_\_\_\_  
*(print name)*

Position: \_\_\_\_\_

Signed \_\_\_\_\_

Date: \_\_\_\_\_

## Section 9

### Statement by person or persons making the application

***This statement must be made by the Directors or a Senior Manager for the applicant organisation.***

#### DECLARATION:

I hereby apply for Public Body membership of the Civil Enforcement Association. On behalf of the applicant, I give my unqualified consent to the association to investigate and enquire into the company for the purpose of ascertaining the suitability for admission as a Public Body member. I have read this application form and the answers given are, to the best of my knowledge, information and belief, true and accurate. All documents accompanying this application (as shown overleaf) are either the original or true copies of the original.

Should the applicant be admitted to membership, then subject to nothing in them being contrary to the law or precepts of moral truth, it, its directors, partners, proprietors, staff and agents will observe and abide by the principles in the Rules and Code of Practice of the Civil Enforcement Association for the time being in force. The applicant agrees for the Civil Enforcement Association to undertake an independent annual audit which is required to ensure compliance. A copy of these documents can be provided upon request.

I understand that failure to conform to the requirements of the Rules and Code of Practice of the Civil Enforcement Association, or if action by or on behalf of the Public Body member which is found to be illegal or in some other way, brings or may bring the enforcement profession into disrepute, the Public Body member may be subject to disciplinary proceedings under the association's rules.

(please tick)

I have received a copy of the CIVEA Code of Practice:

I have received a copy of the Rules of the Association:

I understand the audit requirements:

**Full Name:** \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## CHECKLIST

**I have enclosed the following papers, which should be originals or true copies of the original:**

- The completed membership application form
- Sample business letterhead
- Copies of statutory notices which must include the partnership/agency details and branding
- Copies of non-statutory notices which should include reminder and no contact letters
- Copy of the partnership/agency's valid professional indemnity insurance cover
- The completed statement of turnover declaration in section 7

**Completed applications and supporting documentation should be sent to:**

**CIVEA  
P O Box 745  
Wakefield  
WF1 9RJ**

***or by email to:***

**[admin@civea.co.uk](mailto:admin@civea.co.uk)**