



SCOTTISH TRAINING FEDERATION MEMBERSHIP 2016

Company

Address

Post code

Telephone

Fax

E-mail:

Website

Which of the following national training programmes is your company contracted to deliver? (please insert X against all relevant boxes)

MAs

EF

OTHER (please specify)

Additional Questions and Agreement to STF Code of Practice

YES NO

1. Has the Applicant or any Director partner ever been declared bankrupt or placed into liquidation?

2. Has the Applicant ever had a contract withdrawn for non performance in the past five years?

3. Has the Applicant ever been served a Health & Safety improvement notice in the past five years?

YES NO

4. Has the applicant ever had Centre Approval for any qualification withdrawn?

If the answer to any of 1. to 4. above is 'yes' please provide an explanation in the box below

Organisation details:

Chief Executive/Principal:

Date established:

Associated companies

Total staff employed

Approx. number of trainees

**** membership is subject to STF Board approval**

Number of offices/centres

Community Planning Partnership Area

I/We would like to apply for membership of STF. I understand that I, and my company, will be subject to the Articles & Memorandum and the Code of Practice of STF.

Signed: _____ **Date:**

Name:

Position in Company:

Please make cheques payable to STF Ltd and forward the cheque and the completed form to:

Stuart McKenna
STF Limited
56 Ballater Drive
Glasgow
G61 1BX

Payment can also be made direct by BACS, details as below

STF Limited
Royal Bank of Scotland, Wishaw Main Street Branch
Sort code: 83-28-08
Account Number: 00698660