

	Document Title	Application Form		
	Doc Ref:	QMS101	Version No:	0.4

ERA Services eligibility requirement is: - “Any business who is based in the UK and employs at least 1 person, who is not themselves, is eligible for the ERA Services Certification.”

Personal Details	
Registered Company Name	
Registered Company Address	
Company Registration Number	
Trading Name (if different)	
Company Address (if different)	
Full Name	
Position in Company	
Email Address	
Phone Number	
Company ICO Number	
List of Shareholders' Names	
Name of Data Protection Officer	
DPO Contact Details	
Company Industry	

Have you applied for ERA Certification in the past?	<b>Yes</b>	<b>No</b>
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<b>Section A – Company Organisation</b>		
Is the company a franchise?	<b>Yes</b>	<b>No</b>
If yes, please provide details		
Does the company operate solely in the UK?	<b>Yes</b>	<b>No</b>
If no, please provide details		
Does the company outsource any employment processes (e.g. payroll)?	<b>Yes</b>	<b>No</b>
If yes, please provide details		
How many management systems do you have (e.g. centralised function for management/payroll, etc)?		
Does the company operate at more than one branch or office?	<b>Yes</b>	<b>No</b>
<p><b>If yes to the above question, go straight to Section C; do not complete Sections B and D</b></p>		

<b>Section B – Single-site Businesses</b>		
Total number of employees (including temporary contracts)		
Total number of employees per contract type	Full-time	
	Part-time	
	Fixed-term/temporary	
	Agency	
	Freelancers/contractors	
	Zero-hour	
Please confirm you have permission to share your employee details as part of the assessment process.		
Are you an Umbrella Company?	<b>Yes</b>	<b>No</b>
Are you an Employment Agency?	<b>Yes</b>	<b>No</b>
If <b>yes</b> to either the last two questions, please complete Section D.		

<b>Section C – Multi-site Businesses</b>		
Total number of employees across all branches/offices (including temporary contracts)		
Total number of branches/offices		
Please complete <b>Appendix 1</b> for each branch/office		
Please confirm you have permission to share employees' details as part of the assessment process.		
Are you an Umbrella Company?	<b>Yes</b>	<b>No</b>
Are you an Employment Agency?	<b>Yes</b>	<b>No</b>
If <b>yes</b> to either the last two questions, please complete Section D.		

<b>Section D</b>		
Total number of workers/employed contractors (including temporary workers)		
Total number of workers/employed contractors per contract type	Full-time	
	Part-time	
	Fixed-term/temporary	
	Agency	
	Freelancers/contractors	
	Zero-hour	
Please confirm you have permission to share your employee details as part of the assessment process.		

Signed \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 1

<b>Section C – Branch details</b>		
Full Address of Branch		
Total number of employees at branch/office		
Total number of employees per contract type at branch/office	Full-time	
	Part-time	
	Fixed-term/temporary	
	Agency	
	Freelancers/contractors	
	Zero-hour	
Please confirm you have permission to share your employee details as part of the assessment process.		

<b>Umbrella Companies and Recruitment Agencies please complete the following</b>		
Total number of employed contractors/workers registered at branch/office		
Total number of employed contractors/workers per contract type at branch/office	Full-time	
	Part-time	
	Fixed-term/temporary	
	Agency	
	Freelancers/contractors	
	Zero-hour	
Please confirm you have permission to share your employee details as part of the assessment process.		