 

Application Form For

**SCOTTISH QUALITY WILD VENISON ASSURANCE SCHEME**

**APPLICATION FORM**

Acoura Certification

6 Redheughs Rigg

South Gyle

Edinburgh

EH12 9DQ

Tel: 0131 335 6603

Email: processors@acoura.com

The undernoted wishes to apply for registration under the Acoura Certification Scheme operated on behalf of Scottish Quality Wild Venison (SQWV).

**APPLICATION FOR MEMBERSHIP** **(please indicate your appropriate membership):**

|  |  |
| --- | --- |
| **Producer/Estate/Farmer** |  |
| **Processor/Game Dealer** |  |

**Species Breakdown** (please advise the number of carcases sold per annum for each species):

|  |  |
| --- | --- |
| Red |  |
| Roe |  |
| Fallow |  |
| Sika |  |

**SECTION A:** **LARDER/PROCESSOR DETAILS**

|  |  |
| --- | --- |
| Larder/Processor name: |  |
| Larder/ Processor address: |  |
| Postcode: |  |
| Contact title and name: |  |
| Contact position: |  |
| Email address: |  |
| Site telephone No: |  |
| Contact mobile: |  |
| Are you part of a larger group? If so whom |  |
| Would you be interest in a Pre Audit Assessment? |  |
| Date when site will be ready for assessment: |  |
| New member to scheme (Y/N) |  |
| Are you a member of any other Farm Assurance Scheme(s)? If so, please advise which scheme and your membership number |  |

**Section B: Correspondence Details (If different from above)**

|  |  |
| --- | --- |
| Company name: |  |
| Company address: |  |
| Postcode: |  |
| Contact title and name: |  |
| Contact position: |  |
| Email address: |  |
| Site telephone No: |  |
| Contact mobile: |  |

**Section C: Stalker/Employee Details (Producers only)**

|  |  |
| --- | --- |
| Stalker/Employee Name: |  |
| Job Title |  |
| Stalker/Employee Name: |  |
| Job Title |  |
| Stalker/Employee Name: |  |
| Job Title |  |
| Contact mobile: |  |

**Section D: Membership Fee:**

Please tick appropriate box and enclose payment with this form. (Producer membership covers an annual membership fee and 1 assessment fee). **Cheques should be made payable to SQWV. Bank Transfers** should be made payable to **ROYAL BANK OF SCOTLAND – Sort Code 83-18-24, Account Number 00616678**. Please quote the scheme and business name as a reference.

Any subsequent assessment fees for additional sites will be invoiced to your Company prior to assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Producer/Estate/Farmer** | **Number of carcases sold per year** | **Price** | **Selection (Please tick)** |
| Band 1 | 1 - 25 | £70.00 + VAT = **£84.00** |  |
| Band 2 | 26 - 50 | £103.00 + VAT = **£123.60** |  |
| Band 3 | 51 - 100 | £187.00 + VAT = **£224.40** |  |
| Band 4 | 101 - 200 | £297.00 + VAT = **£356.40** |  |
| Band 5 | 201 - 500 | £398.00 + VAT = **£477.60** |  |
| Band 6 | 501 - 1000 | £470 + VAT = **£564.00** |  |
| Band 7 | 1001 + | £512 + VAT = **£614.40** |  |

|  |  |
| --- | --- |
| **Processor/Game Dealer** | **Selection (Please tick)** |
| **New member application fee £676.00 + VAT = £811.20** (This includes an annual fee of £179.00 + VAT = £214.80 Plus first inspections at £497.00 + VAT = £596.40) \*\*Please note a second inspection may be needed if major issues are identified during the initial assessment. |  |
| **New applicant pre-assessment**: £160 .00 + VAT = £192.00 |  |

**SECTION E: ADDITIONAL ACOURA SERVICES**

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| Does Acoura Certification or any other company within the Acoura or Lloyds Register Group [www.acoura.com](http://www.acoura.com) <http://www.lr.org/en/> currently provide you with services or certification? If yes, please provide details: |
| Are you a current member of any other scheme operated by Acoura? |

**To find out more about how Acoura can help your business contact us today on +44(0)330 024 0255 or email** info@acoura.com

**SECTION F: DECLARATION**

I (the undersigned) have read the requirements which pertain to the Acoura Certification Scheme operated on behalf of SQWV. I am fully responsible for the operation of the business at the site(s) declared and hereby wish to apply for approval under the SQWV Schemes.

If accepted, I agree to abide by the conditions of membership as detailed in Acoura Certification Regulations and the SQWV Scheme Standards.

I declare that I know / do not know (**please delete as appropriate**) of any past (within the last 5 years) / pending / current prosecutions relating to my business at time of applying for approval. Details of prosecutions within the last 5 years must be given below: (Failure to provide any relevant information may result in refusal or termination of membership)

Details:

I agree to abide by the terms of the scheme and undertake to inform Acoura immediately if, for whatever reason, the requirements of the scheme can no longer be conformed to.

I understand and agree that as a member of the SQWV Assurance Scheme my membership details will be circulated to Processor members and may be listed on the SQWV website or circulated to other relevant parties.

I agree to the site(s) listed above being assessed by an Acoura assessor appointed to the scheme.

I declare that the information given on this form is correct.

|  |
| --- |
| Print Name:  |
| Signature: |
| Position:  |
| Date:  |

Please return the completed application form to:-

Sean Jackson

SQWV Scheme

Acoura Certification

6 Redheughs Rigg

South Gyle

Edinburgh, EH12 9DQ

Tel: 0131 335 6621

Email: processors@acoura.com

It is a condition of the Scheme that all applicants must sign the following declaration that they will abide by the terms of the Scheme.

**FOR ACOURA STAFF (TO BE COMPLETED BY ACOURA ONLY):**

**SQWV Carcass & Handling Scheme**

|  |  |  |
| --- | --- | --- |
| Application Review carried out by: | Date: | Application Accepted or Declined: (If declined please include reason) |
|  |  |  |

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| --- |
| Comments: |