

**Assessment Booking Form**

By completing and returning this form you are committing your organisation to the assessment process. Return completed forms to thetick@rootofit.com and an assessor will get in touch within 5 working days.

Assessments are undertaken by the Mental Health Tick, or our approved partners, who have been assessed as being competent in the assessment of the accreditation scheme. For details on the assessment process or external partners, please see [www.mentalhealthtick.com](http://www.mentalhealthtick.com)

For enquiries, please phone +442381 120010.

**Company**

|  |  |
| --- | --- |
| Organisation |  |
| Address (including postcode) |  |
| Company registration number |  |

**Contact details**

|  |  |
| --- | --- |
| Primary contact name |  |
| Role |  |
| Phone/mobile |  |
| Email |  |

**Finance details**

*See* [*http://www.mentalhealthtick.com/wp-content/uploads/Mental-Health-Tick-Pricing-Guide.pdf*](http://www.mentalhealthtick.com/wp-content/uploads/Mental-Health-Tick-Pricing-Guide.pdf) *for costs*

|  |  |
| --- | --- |
| Finance contact name |  |
| Email |  |
| Address |  |
| Purchase number required? |  |
| Purchase order number |  |
| Society of Occupational Medicine member? If so please provide membership number |  |

**Staff numbers**

Give us an indication of the size of your organisation. Headings are only suggestions and additional detail can be added (e.g. directors, team leaders, teachers etc.). Estimates are acceptable.

|  |  |
| --- | --- |
| Senior leaders |  |
| Managers/supervisors |  |
| Employees |  |
| Volunteers |  |
| Contractors |  |
| Others (please state) |  |
| **Total** |  |

**Sites**

|  |  |
| --- | --- |
| If your organisation has more than one site that you would like accredited, please list them here (NB franchises are required to apply separately) |  |

**Agreement**

You acknowledge that you are an approved representative of the organisation.

You acknowledge that the details given on this form are correct to the best of your knowledge.

You acknowledge that your data will be retained by us in order to process your assessment and accreditation. This will be stored securely in accordance with our Data Protection Policy available on our website. Assessments being undertaken by external partners will have access to your submission for the purposes of the assessment in accordance with this policy. If your submission requires a visit to your site(s) you authorise us to have access to locations or the ability to speak to staff (our staff will comply with all reasonable directions and health and safety requirements).

You acknowledge that we are accrediting your self-declarations and indemnify us from any claims in relation to this accreditation.

You acknowledge that all organisations are reputation checked prior to acceptance of booking.

Assessments are subject to our internal verification process, you acknowledge that once verified, the assessor’s judgement is final and that if you wish to be reconsidered for a different outcome you will need to reapply.

We will confirm the final payment before commencing the assessment, invoices must be settled prior to the commencement of the assessment.

You acknowledge that unpaid invoices may result in the assessment not going ahead or removal of accreditation.

Once accredited, the organisation will be accredited for one year. Full assessments are required every three years (i.e. year 4), or if an organisation wishes to change the level of award. Reaccreditation for years two and three for organisations not seeking to change the level of award are done through a self-certification process.

You acknowledge this is a legal agreement and that once we acknowledge your application and issued an invoice, then we have entered into a legal contract under the jurisdiction of English courts.

**Type of assessment**

[ ]  Initial assessment

[ ]  Reassessment (for year four/seven/ten… renewal or to be considered for a different level)

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Name |  | Position |  |