**BRITISH INSTITUTE OF INNKEEPING (BII)**

**ACCREDITED ADVISORS – APPLICATION FORM**

This Application Form is for completion by Accountants who wish to be part of the BII Accredited Advisor Listing Service. For more information about the industry advice we provide, you can visit our [website](https://www.bii.org/BII/NM/BII-Home.aspx?WebsiteKey=9fc92d86-d6c4-4c91-9ef2-e6cb157e245a&hkey=4d1366c4-7e63-40c6-80d8-082b81d4b705). Please read the BII Accredited Advisor Status Rules (“**Rules**”) before completing this Application Form. Unless the context requires otherwise, terms defined in the Rules shall have the same meaning when used in this Application Form.

All Applicants must complete this Application Form in full, inclusive of Parts 1 to 9. The size of the boxes in this Application Form is not an indication of the length of the answer required. All sections marked (\*) will be considered Minimum Standards for the purposes of the Rules and must be completed.

The Applicant for the purposes of this Application Form and the Rules is the company or firm that is offering its services to BII Members however, details of each individual employed by the Applicant who would like to be named under the BII Accredited Advisor Listing Service (“**Key Representatives**”) should be provided on a supplementary sheet.

Any questions about this Application Form, the application process and ancillary questions should be directed to the BII Accredited Advisors Administrator via telephone on 01276 684449 or via email at AccreditedAdvisors@bii.org. The details of your application will remain confidential, save that the BII may contact the reference contacts provided in Part 5 and your regulatory body. Your Application shall be considered by the BII Accredited Advisors Administrator and the Independent Expert Panel.

Please return this Application Form with the relevant accompanying documents by email to AccreditedAdvisors@bii.org or by post to: **BII Accreditation Administrator, Sentinel House, Ancells Business Park, Harvest Crescent, Fleet, GU51 2UZ**

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| **PART 1:** General Details |
| Full Name(s) of Key Representative(s) and position within the Company\*: |  |
| Full Company Name\*: |  |
| Company Registration Number\*: |  |
| Registered Office Address\*: |  |
| Correspondence Address (*if different from registered office address*)\*: |  |
| Office Telephone Number\*: |  |
| Mobile Number for Key Representative\*: |  |
| Email Address for Key Representative\*: |  |

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| **PART 2:** Regions |
| Please indicate the regions of the United Kingdom you are able to practise in by ticking one or more of the following\*: |
| * North of England
* Wales
* Midlands
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* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  | * Scotland
* London
* South East of England
* South West of England
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The next Part of this Application Form requests further details about how you satisfy the criteria of the BII Accredited Advisor Listing Service. Please complete this Part 3 in as much detail as possible as these details will be considered in depth by the Independent Expert Panel. Where necessary, please attach accompanying documents to support your statements.

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| **PART 3:** The Criteria |
| The BII expects you to have at least five years’ experience working with the licensed trade and/or that you are able to prove that you are active within the sector and demonstrate your activity in terms of number and experience. |
| At the time of submitting this Application Form, how many years’ experience with the licensed trade do you have?  |  |
| At the time of submitting this Application Form, please state the below numbers:* Total amount of clients
* Total amount of clients within the Licensed Trade
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| Please provide details about the advice you have provided, and the type of clients you have worked with within the licensed trade, in the 12 months before submitting this Application Form\*. Where necessary, please give details and provide supplementary documents including how you propose to manage the geographical regions chosen.  |  |
| The BII requires that all applicants are a member of the relevant regulatory authority. At the time of submitting this Application Form, you confirm that you are a member of ICAEW, ACCA, CIMA, AAT or other. Please state your regulatory body and your Membership Number\*.  |  |

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| **PART 4:** Declarations and Conflicts (*please tick*) |
| You acknowledge and warrant that: * you hold and have attached a copy of your current professional indemnity insurance with the minimum level as set out in the Rules\*;
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| * on the expiry of the professional indemnity insurance, you will immediately renew the insurance and forward a copy of the renewed indemnity policy to BII\*;
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| * you will offer a free pre-engagement consultation of up to 30 minutes to BII members who enquire about your services\*;
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| * you have a good understanding of the Pubs Code and the Sub 500 Codes\*;
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| * if applicable, you have a sound contingency plan in case of prolonged sickness of the Key Representative(s)\*;
* if you are dealing with more than 200 pubs, you have more than one fully qualified accountant\*;
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| * you commit to being transparent when setting out your fees to BII members
* you agree to work within the guidelines and structures set out in the Rules\*.
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| Please declare any companies or significant landlord relationships where there is a conflict or potential conflict of interest and you do not wish to act in cases they are involved in: |

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| **PART 5:** References |
| The BII Accredited Advisors Administrator reserves the right to request two relevant references from you as part of this Application.Please provide details of two clients, within the licensed trade, that you have worked with in the last 12 months, that have agreed to provide references as part of your Application: |
| **Client name** | **Brief details of work undertaken** | **Contact details (contact name, telephone number and email address)** |
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| Please tick here to confirm that you have permission to provide details of each client set out above.  |

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| **PART 6:** Additional Information |
| Please provide any additional information or details pertinent to your Application. This may involve, but is not limited to, any niche areas or expertise; additional accreditations, memberships or certifications; or, substantial advice that you have provided. Where necessary, please provide supplementary documents: |

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| **PART 7:** Fees and Payment |
| Your application will not be considered until the relevant fee has been paid in full. The fee for Accountants is £500 + VAT per firm.Please remit payment by BACS to: ***BII BUSINESS LTD******Barclays Bank UK Plc***Account no: ***63215636***Sort code: ***20-16-99***Please quote your company name and the name of your Key Representative as the payment reference. |

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| **PART 8:** Status,Indemnity and Liability\* |
| You wish to apply to be listed as an Accredited Advisor of the BII. If successful in your Application, the BII agrees to grant you Accredited Advisor Status and you agree to provide professional services to Members in your capacity as a professional advisor, in accordance with the Rules. In submitting this Application Form, you undertake to indemnify and keep indemnified the BII, its committees, officers, employees and agents, the Independent Expert Panel and the Independent Governance Board against any losses, damages, liability, costs and expenses (including professional fees) incurred by the BII, its committees, officers, employees and agents, the Independent Expert Panel or the Independent Governance Board whether direct or indirect or consequential (including but not limited to, loss arising in consequence of a claim brought against the BII by one if its employees, Members or a third party, loss of goodwill or loss of reputation) in connection with or arising out of (i) misuse by you, your affiliates or your sub-contractors of Logo granted by the BII; (ii) your status as an Accredited Advisor; (iii) advice, information, review, audit, assistance and any other services provided by you to Members; and (iv) any breach by you, your affiliates or your sub-contractors of these Rules; BII’s privacy policy; and any other BII’s policies in place from time to time.Neither the BII nor any of its committees, officers, employees, agents, nor the Independent Expert Panel or Independent Governance Board shall be liable for the services provided by you to a Member. Notwithstanding anything to the contrary and, except in respect of death or personal injury caused by the BII’s negligence, the BII accepts no liability for any loss, damages, liability, costs and expenses (including professional fees) or other claims (whether for loss of profit, reputation or otherwise) in contract or in tort or of any nature whatsoever and howsoever arising out of or in connection with (i) your Application (whether declined or successful); (ii) negligence or (iii) any other act or omission (including, but not limited to, any decision to refuse to award Accredited Adviser Status or any decision to withdraw Accredited Adviser Status), whether on the part of the BII, its committees, officers, employees, agents or any other person or entity. Notwithstanding the above, the total liability of the BII under or in connection with your Application and regardless of whether such liability arises in tort (including negligence), contract, breach of statutory duty or in any other way, shall not exceed the Fee paid by you to the BII.  |

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| **PART 9:** Declaration\* |
| By completing, signing and returning this Application Form you:* confirm that you have the authority and capacity to make this application (for group applications you must be the director/partner/practice manager of the company applying);
* have completed this application honestly and to the best of your knowledge;
* have read the Rules and agree to be bound by them if you are granted Accredited Advisor Status;
* have read and agreed to BII’s Privacy Policy; and
* have paid the non-refundable Fee applicable to your profession;
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**Please tick here to confirm you are happy for BII to contact you, your regulatory body and your references for the purposes of your application**

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| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name (please print): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for your application.