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PAS2030 SYSTEM ENQUIRY FORM

Rev2 17/07/2020

Project Number:

TYPE OF PROPERTY

Domestic/Residential

Commercial

School

Industrial

Choose one from following:

Existing

New Build

Renovation

TYPE OF SYSTEM REQUIRED

Insulation

UPVC

Heating systems

Light fittings

Controls

PV

Hot water systems

Other

The energy efficiency EMMs identified must meet the house holders' expressed requirements and are appropriate to their pattern of occupancy

CONTACT DETAILS

Contact Name:

Main telephone no:

Address:

Mobile telephone no:

E-mail address:

Post code:

SITE

Contact

Address

Post code

When i

How w

Preview Only

How did you hear about us?

Word of mouth

Internet

Newspaper

Leaflet

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ECO CUSTOMER ACCEPTANCE FORM G02

Rev2 17/07/2020

Project Number: [REDACTED]

CUSTOMER CONTACT DETAILS

Funder reg: No: [REDACTED]

Customer name: [REDACTED]
Customer address: [REDACTED]
[REDACTED]
[REDACTED]
Post code: [REDACTED]

Contact name: [REDACTED]
Site address (if different): [REDACTED]
[REDACTED]
Post code: [REDACTED]

Proposed start date of installation: [REDACTED]

Measure (Annex) Installed: [REDACTED] Annex Identifier [REDACTED]

INSTALLER CONTACT DETAILS

Company name: [REDACTED]
Installer address: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Post code: [REDACTED]

Office tel no: [REDACTED]
Mobile number: [REDACTED]
Email address: [REDACTED]

CONFIRMATION OF AGREEMENT TO PROCEED

I hereby confirm and agree the following (delete as required):

- I wish to proceed with an installation using part or all funding
- Tenancy agreement has been signed where applicable
- The Landlord and all relevant parties have been notified
- Planning Permission has been obtained (where required)
- I understand Funding or part payment may be required (where applicable)

I am in receipt of a qualifying benefit (where applicable) and have shown the assessor/installer a letter or suitable proof dated [REDACTED]. I qualify for the following benefit(s): [REDACTED]

I understand I must be able to produce this proof when asked.

Signature of customer	Customer name (Please print)	Date
[REDACTED]	[REDACTED]	[REDACTED]

Signature of Installer / Assessor	Installer / Assessor name (Please print)	Date
[REDACTED]	[REDACTED]	[REDACTED]

Some of the information you provided to us may be disclosed to Ofgem as Administrator of the ECO Scheme. Ofgem is the Office of the Gas and Electricity Markets. Further information about Ofgem can be found at www.ofgem.gov.uk. Ofgem may use such information to determine whether we are achieving its obligations under such scheme and to comply with its own statutory duties. Ofgem may seek to verify any information we provide them with by contacting you directly or by checking it against government records. If you would like to know more about what information Ofgem holds about you or the way it uses your information, full details of Ofgem's ECO privacy policy can be found on the Ofgem website.

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Pre-Installation Building Inspection Form G03 Rev2 17/07/2020

Project Number:

CONTACT DETAILS

Liaison date agreed with customer:

Contact Name:

Address:

Post code:

SITE CONTACT DETAILS

Contact Name:

Address:

Post code:

Tenant If Yes

Select the type of installation and then click OK.

- BFM.1 Cavity wall insulation including that installed in party walls
- BFM.2 Draught proofing
- BFM.3 Energy efficient glazing and doors including replacement insulating glass units (IGU)
- BFM.4.1 External wall insulation 1. Site rendered external wall insulation systems
- BFM.4.2 Pre-finished external wall insulation systems
- BFM.5 Flat roof insulation
- BFM.6 Floor Insulation
- BFM.7 Hybrid wall insulation
- BFM.8 Internal wall insulation
- BFM.9.1 Loft insulation - 1. Roll insulation
- BFM.9.2 Loft insulation - 2. Blown insulation
- BFM.10 Pitched roof insulation
- BFM.11.1 Solar blind, shutters and shading devices (internal and external) 1. Mechanically operated devices
- BFM.11.2 Solar blind, shutters and shading devices (internal and external) - 2. Electrically operated devices
- BFM.12 Room-in-roof insulation
- BFM.13 Park Homes insulation
- BSM.1 Condensing boilers, natural gas-Ered and liquefied petroleum gas-fired
- BSM.2 Condensing boilers, oil-fired
- BSM.3 Flue gas heat recovery devices - Devices for use with gas-fired condensing boilers (domestic scale)
- BSM.4 Heating system insulation
- BSM.5.1 Heating and hot water system controls (domestic)
- BSM.5.2 Air conditioning controls
- BSM.5.3 Ventilation controls
- BSM.5.4 Low energy circulator pumps
- BSM.5.5 Low temperature radiators and fan convectors
- BSM.6.1 Hot water systems - Domestic hot water systems

TYPE OF SYSTEM REQUIRED

Type of installation is chosen from the menu above and displayed below

Type of installation:

Annex identifier

DWELLING TYPE

Mid-terrace Detached Semi-detached Bungalow Flat No of bedrooms

Asbestos present Adequate pressure? Gas meter Gas supply Laminate flooring Existing Heating

5.2.4 Specific requirements in respect of the maintenance/improvement of ventilation – document references

ANNEX AND TABLE SURVEY DATA

y/n Notes

Has the contract been reviewed?

Has a measurement check been undertaken (include fire egress)?

Has an assessment of structure been undertaken?

Has there been a check for asbestos? Is asbestos present?

Are there any safety glazing requirements?

Are there any requirements relating to free-resistant glazing?

Have ventilation requirements been checked and implemented if required?

Have render and decorations conditions been checked?

Are there any user access requirements (e.g. disabled access)?

Is specialist access equipment required?

Has the installation been explained to the building owner?

Will the installation to be undertaken result in non-compliance with the Building Regulations, e.g. in relation to workmanship, materials, structural stability, fire safety, resistance to moisture? (NOTE: Not applicable to IGU replacement.)

The relevant PAS 2030 Annex and Table Survey Data is automatically added to the form. The software allows this text to be edited and notes added.

Liaison date agreed with customer: _____

CUSTOMER ACCESS / DETAILS

Satisfactory Remedial Action Required / Notes

Will customer be present during install?	<input type="checkbox"/>	<input type="checkbox"/>
Confirm access arrangements with customer including date of installation & time of arrival/departure.	<input type="checkbox"/>	<input type="checkbox"/>
Is it a safe working environment i.e dogs/children present?	<input type="checkbox"/>	<input type="checkbox"/>
Do any personal belongings of the customer need to be removed from work area? Ensure customer removes these prior to install.	<input type="checkbox"/>	<input type="checkbox"/>
Password given by customer for security purposes, if required by customer.	<input type="checkbox"/>	<input type="checkbox"/>
Can installer use washroom facilities?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate parking?	<input type="checkbox"/>	<input type="checkbox"/>
Has "How to contact" card been left with customer?	<input type="checkbox"/>	<input type="checkbox"/>
Confirm emergency escape route from property.	<input type="checkbox"/>	<input type="checkbox"/>
Remedial action required / notes	<input type="checkbox"/>	<input type="checkbox"/>

EEM DESIGN VALIDATION

Are there any constraints imposed by the local planning authority (including requirements for planning permission, Listing as of Special Architectural or Historic Interest, Conservation Area constraints, Tree Preservation orders, etc.);	<input type="checkbox"/>	<input type="checkbox"/>
Are there any constraints imposed by the site, e.g. elevation and exposure (to sun, wind and rain); access, party walls, rights of light, consideration of adjoining properties, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Have heritage, architectural features, structure, construction and condition been addressed?	<input type="checkbox"/>	<input type="checkbox"/>
Does the property have existing structural defects, leaks or damp?	<input type="checkbox"/>	<input type="checkbox"/>
Are any other energy efficiency measures already installed or proposed?	<input type="checkbox"/>	<input type="checkbox"/>
Do the occupants, have any special considerations relevant to them, such as with vulnerable persons e.g. children and elderly people or those with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>

ASBESTOS

Have all asbestos surveys been completed?	<input type="checkbox"/>	<input type="checkbox"/>
Is asbestos present in the property?	<input type="checkbox"/>	<input type="checkbox"/>
Can boiler work and gas work be carried out safely?	<input type="checkbox"/>	<input type="checkbox"/>
Inform customer of asbestos presence.	<input type="checkbox"/>	<input type="checkbox"/>
6.2.7 SAFETY	<input type="checkbox"/>	<input type="checkbox"/>
Is there a fire alarm system installed?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a fire escape route?	<input type="checkbox"/>	<input type="checkbox"/>
Has fire alarm been tested?	<input type="checkbox"/>	<input type="checkbox"/>
Has the fire alarm been tested by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>
Are alarm batteries replaced?	<input type="checkbox"/>	<input type="checkbox"/>
6.2.8 PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>
Is the customer aware of the requirements for protection?	<input type="checkbox"/>	<input type="checkbox"/>
If so, will the customer agree to the requirements for protection?	<input type="checkbox"/>	<input type="checkbox"/>
Inform full details of protection requirements to the customer.	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1 DESTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>
required –	<input type="checkbox"/>	<input type="checkbox"/>

IDENTIFICATION OF SUITABLE EEM

The EEM meets the house holders' expressed requirements and the arrangements made for site access and installation materials storage are adequate and appropriate for the installation to be undertaken; and the intended days and hours of working are agreed.

Explanation needs to be made to the customer how the measures will be installed and the affect this will have on the property. Manage the expectations of the customer so that the customer fully understands the nature of the work due to be carried out in their home, to reduce confusion and complaints once the work is done. This will also help prevent any potential accidents to the customer that the work may cause. Before commencing work you must explain the following:

Building permission required?	<input type="checkbox"/>	Is customer aware of requirement?	<input type="checkbox"/>	Minimum acceptable ventilation in Specification	<input type="checkbox"/>
If installing a Non-PAS2030 product (e.g. MCS/Funded) at the same time as installing a PAS2030 product, has the customer been informed exactly which products installed belong to the PAS2030 agreement?					

Name of Surveyor _____ Company _____ Date _____
 Surveyor Competency to Annex _____

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PAS2030 INSTALLATION METHOD G04

Rev2 17/07/2020

Project Number:

This is an in-organisation PAS2035 compliant design

Funder Registration No:

PAS2035 Retrofit Design document reference

Retrofit Designer

CUSTOMER CONTACT DETAILS

Customer name:
Customer address:

Post code:

Contact name:
Site address (if different):

Post code:

INSTALLER CONTACT DETAILS

Company name:
Installer address:

Post code:

Office tel no:
Mobile number:
Email address:
Project Manager:

Start date: Completion date: Access times Duration

Measure (Annex): Annex identifier

Special customer requirements:

5.2.3 IDENTIFICATION OF SUITABLE EEM

We agree that the installation project specified is in line with Client expectations and is in accordance with information provided – date below.

IMPORTANT NOTE: This form is for funded and PAS2030 installations only. If any other energy efficiency measure or installation is undertaken the customer must be made aware which systems are supplied with ECO or other funding.

6.2 INSTALLATION EQUIPMENT AND TOOLS

Equipment must be appropriate to the installation process to be undertaken, and maintained in a fit-for condition. If any tool or equipment is dropped, misused, or is involved in an incident that may cause damage to the item then it must be inspected and recalibrated (for test and analysis tools) and confirmed to be fit for purpose before re-using.

PERSONAL EQUIPMENT REQUIRED e.g. safety goggles

MATERIALS TO BE USED

Description	Available date	Location(s)	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Retrofit Design, product guides and manuals supplied to attending engineers (6.4) Tool box talk required?

Continuation sheet /2

Funder Registration No:

This is an in-organisation PAS2035 compliant design

Retrofit Designer

G.7.3 INSTALLATION METHOD SPECIFICATION

ID	Checklist / Methods for installing the product and all constituent tasks (6.1.3, 6.1.4, 6.1.5)  Include for any "commissioning" action required of the installer  Include for a process continuity plan for anything that may prevent completion	Completed	Variation
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.1.2 List references to external standards or other documents relevant to this installation

Continuation sheet /3

Funder Registration No: This is an in-organisation PAS2035 compliant design Retrofit Designer **6.3 STORAGE INSTRUCTIONS****6.3 HANDLING AND CHECKING INSTRUCTIONS****6.1.6 INTERMEDIATE INSPECTION DETAILS**Inspection scheduled? Details of inspector: Inspection date: Special requirements: **6.5.1 TRAINING AND COMPETENCIES REQUIRED****5.2.3 INFORMATION OBTAINED FROM EEM SPECIFIER OR GDP**a. Ensure that all interfaces between measures, both physical junctions and technical interactions as identified by the Measures Interaction Matrix b. Improvement of the airtightness of the building envelope, i.e. reduction of wind-driven air infiltration and air leakage; c. Has the management of moisture within the construction been taken satisfactorily into account within the design? d. M e. E f. F g. P h. M i. M j. F k. n

Preview Only

NAMES OF ENGINEERS ATTENDING ON SITECompetencies checked valid?

Competence level / qualification (Annex specification)

NAMES OF ENGINEERS ATTENDING ON SITE	Competencies checked valid?	Competence level / qualification (Annex specification)
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

SIGN TO CONFIRM THAT INSTALL IS TO METHOD

Install has been carried out in accordance with this installation method. Any variations to initial method have been agreed with the Specifier / Funder

Authorised on behalf of company: Name (print) Signature Date

The installation identified in this process record will be undertaken in accordance with PAS 2030:19 and will be confirmed as meeting the relevant design specification.

CONTACT DETAILS

Contact Name:	<input type="text"/>	Main telephone no:	<input type="text"/>
Address:	<input type="text"/>	Mobile telephone no:	<input type="text"/>
	<input type="text"/>	E-mail address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Post code:	<input type="text"/>		

SITE CONTACT DETAILS (if residential or same address, leave blank)

Contact Name:	<input type="text"/>	Main telephone no:	<input type="text"/>
Address:	<input type="text"/>	Mobile telephone no:	<input type="text"/>
	<input type="text"/>	E-mail address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Post code:	<input type="text"/>		

TYPE OF SYSTEM REQUIRED

Measure (Annex) Installed:	<input type="text"/>	Annex Identifier	<input type="text"/>
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COMMISSIONING AND TESTING METHOD

y/n Notes



DESIGNED

This system has following standards (detailed in section 9 of the PAS): and the

INSTALLER VALIDATION

Annex data is added automatically from information entered above to alter manually click Add-ins, Protection ON.

The design and installation of at [location of installation] and handed over on [date of handover] has been undertaken by 2121 using a process complying with PAS 2030:2019, and all annexes installed are within the scope of this installers' certification with Self-validated.

Name of Engineer	<input type="text"/>	Company	<input type="text"/>	Date	<input type="text"/>
Competency	<input type="text"/>	Nothing has been done during the installation that could invalidate any manufacturer's or system supplier's guarantee or warranty <input type="checkbox"/>			

SECTION 1

Specifier / Funder registration No:

CUSTOMER CONTACT DETAILS

Customer name: Contact name: Customer address:

Site address

(if different)

Post code: Post code: Start date: Completion date: Measure (Annex) Installed: Annex Identifier

INSTALLER CONTACT DETAILS

Company name: Office tel no: Installer address: Mobile number: Email address: Post code:

PRODUCT INSTALLED, COMMISSIONED AND TESTED

Description	Model/Make	Location(s)	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Installer

Installer name (Please print)

Date

Signature of Verifier / Tester

Verifier / Tester name (Please print)

Date

CONFIRMATION OF DOCUMENTS ATTACHED

(Copies used for signed and external issues)

Building Regulations compliance certificate Copy of any regulatory inspection and testing certificate Product manufacturer's installation and servicing instructions Manufacturer or product data or information sheet Product warranty information and guarantees Commissioning Certificate

Where end-user maintenance is possible, details of how to undertake the maintenance including details of any product or tools that must be used, and details of where to obtain the required products and tools has been provided.

FOR GAS AND ELECTRIC SYSTEMS: In addition Gas Safe, BS7671 and supporting legal and health and safety documents must be attached.

This document has been prepared to detail the Declaration of Conformity for Energy Company Obligation Installations in accordance with "improving the energy efficiency of existing buildings, specification for the installation process, process management and service provision; PAS 2030:2019.

SECTION 2

Specifier/GDP installation registration No:

DWELLING TYPE

Mid-terrace Detached Semi-detached Bungalow Flat No of bedrooms

BOILER CONTROLS

What was the previous means of heating?:

Full Coal CH Full Electrical CH Full Oil CH Focal Point Gas Focal Point Elec Focal Point Oil

What is the New the new means of heating?:

New Oil CH New Gas CH New LPG CH

Number of heating controls being installed? Heating control type being installed:

NEW BOILER DETAILS

OLD BOILER DETAILS

Manufacturer: Model: SEDBUK Rating:

Does the customer have a Gas Safety certificate completed within the last year? If so, has a copy been taken?

CONFIRMED BY CUSTOMER

Do the details of the installation meet your expectations?

Have the benefits of the installation been described to you and understood?

Has the installer described how to operate the equipment to gain maximum efficiency? Do you fully understand the controls?

Has the installation process been described to you and understood?

Has the appearance of the installation been described to you and understood i.e. pipework on view, loss of storage?

Has the property been kept clean and tidy?

Have any hazards ar
Has a demonstration
Do you know who to
Have you been left w
Have you been left w
Are you aware of the

Preview Only

NEW BOILER DE

date of handover:
Customer Name:
Information
Provided:
Date of Handover:

SIGN OFF BY CO

Installer
I confirm that the above work has been carried out to the required specification using the stated manufacturers products and materials and all annexes installed are within the scope of this installers' certification with

Customer
I confirm that the above details relate to my property and that the work has been completed to my satisfaction.
I am aware that details relating to my property and the measures installed, but not my name, will be shared with the Department of Energy and Climate Change (and for properties in Scotland or Wales the Scottish Government or the Welsh Assembly Government) and the Energy Saving Trust. The information may be combined by them with other information they hold and will only be used by them for the purposes of research and statistical analysis and to assist in the development and targeting of energy saving policy.

Signed:

Name (print)

Company

Date:

Signed

Name (Print)

Date:

Energy Company Obligation (ECO): Part 1 - privacy notice, Part 2 - consent statement

Part 1 - Privacy Notice

Your personal information that will be collected and shared includes:

- Your full name, date of birth and address and contact details.
- Proof of identity.¹
- **Where required:** the Department for Work and Pensions (DWP) will provide a YES/NO response via the Energy Savings Trust to verify whether or not you or a member of your household are in receipt of the relevant benefits to be eligible for support under the ECO scheme.
- **Where required:** Copies of documents showing proof of benefits and income supplied to you by the DWP and HMRC, this will be limited to information relating to your entitlement to assistance.
- **Where relevant:** the amount of any financial contribution towards the cost of the installation.

To check eligibility and gain funding for the Energy Company Obligation (ECO) scheme and to check that a supplier is meeting its obligations under the scheme we need to collect and share your information with other organisations including:

- Where required: The DWP

Scheme Organisations including:

- The Office of Gas and Electricity Markets (Ofgem) who will share your information in order to fulfil its statutory duties as well as with the installer of the measure (on request) in order to verify whether it has been notified to Ofgem. Ofgem may share your information with third parties contracted to carry out audits on behalf of Ofgem and the promoting energy company.
- The installation company and companies supporting the installation such as building specialists, software providers, guarantee companies, technical monitoring agents, the installer's accreditation body, local authorities or their intermediaries/contractors; and charities, social housing providers, building control inspectors, the property owner or managing agent (where applicable), and the energy company promoting the measure.

Company Details

Type of company (delete as applicable):

Full Name of company²:

Full Company address:

Company Postcode

Tel no:

Email:

Name of person this completing form with customer:

Signature:

¹ This may be collected to evidence a supporting component for benefit evidence.

² **Notes:(1)** s.4, paragraph 2(3)(a), of Part II to Schedule 1 of the Data Protection Act 1998 requires that any fair processing notice explicitly sets out the identity of the data controller. As such, once this is known, the data controller's details should be inserted here; (2) as from 25 May 2018, consumers should be provided with the data processing information required by article 13 of the General Data Protection Regulation (GDPR). As such, this version 1.0 of the privacy should not be relied upon after 25 May 2018, as it requires updating to capture the new requirements of the GDPR.

Part 2 - Consent Statement

Customer Details - please note that separate consent forms must be provided for each individual whose information will be shared. For example the Help to Heat Group member providing eligibility and the named individual on the Declaration of Completed Conformity handover must provide separate consent forms unless they are the same person.

Title:	First Name:	Surname:	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of customer: Main Applicant Benefit recipient

Other (please specify)

Full customer address:

Tel no: **Email:**

Access to your information and correction

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information, email or write to us using the details listed in the company details section above. We may make a small charge for this service. We want to make sure your personal information is accurate and up to date. You may ask us to correct or remove any information you think is inaccurate.

Security of the information provided

All organisations which collect and use your information under ECO are bound by the provisions of the Data Protection Act 1998 including requirements for keeping your details secure.

a) Checking eligibility

I understand that you need to check that I am eligible for the ECO scheme:

I agree to any of the ECO scheme organisations contacting me to verify the information I have provided.

Where applicable to confirm that I am on a qualifying benefit:

I agree to my information being shared with the Department for Work and Pensions via the EST to confirm whether I am in receipt of a qualifying benefit.

b) Checking the installation

I understand my information may be shared with the scheme organisations listed above to:

Arrange surveys required and the installation.

Check the installation meets the requirements of the scheme and the appropriate installation standards.

Carry out a customer satisfaction survey to look at how their services or the delivery of ECO can be improved. You don't have to take part in these surveys but your feedback would be appreciated.

Signature	Date
<input type="text"/>	<input type="text"/>

If you change your mind before any installation is completed you can withdraw from the ECO scheme by contacting the company listed above. Please note that once your measure has been installed you are unable to withdraw your consent for your data being shared under the scheme.

Your information will only be used as the law allows. To find out more about how Ofgem uses information: Ofgem's ECO Privacy Policy can be found at: www.ofgem.gov.uk/publications-and-updates/ECO-privacy-and-information-use.