**Purpose**

This application form is designed for organisations to apply for the registration of SABRE Assessors and SABRE Professionals, and in doing so, attain SABRE Licensed Company status. This form may also be used to add new SABRE Assessors and/or SABRE Professionals to an existing Licence.

Requests to terminate or amend the details of an existing Licence, including modification to the details of the Licensed Company or its existing Registered Assessors and Registered Professionals, must be submitted directly by email to [sabre@security-institute.org](mailto:sabre@security-institute.org).

**Guidance for Applicants**

Please read the following guidance before completing this application form as doing so may help to avoid any unnecessary delays and costs that may be incurred as a result of us receiving partially or incorrectly completed forms.

This form is designed to help us capture the information necessary to proceed with application process. Only organisations wishing to apply for SABRE Licensed Company status - or add SABRE Registered Assessors and/or SABRE Registered Professionals to an existing licence - should complete this form.

Please complete all sections of this application form. Once completed, please return the completed application form, along with supporting information, to [sabre@security-institute.org](mailto:sabre@security-institute.org).

Please ensure that all supporting information is organised such that it can be easily identified and attributed to the associated individual. Failure to do so may result in rejection of the application.

The Terms and Conditions referred to in Section 5 of this application form can be found online at [www.security-institute.org](http://www.security-institute.org).

Please do not hesitate to contact us if you have any queries or require assistance completing this form as we are unfortunately not able to process applications based on partially completed forms or supporting information.

**Who Can Apply**

SABRE Licences may be issued to trading entities (companies or sole traders) which hold Professional Indemnity Insurance with a minimum cover of £1,000,000 (per claim) or £5,000,000 (in the aggregate).

SABRE Licences are only valid whilst there is at least one SABRE Registered Assessor or SABRE Registered Professional attached to the Licence. As such, initial Licence applications must also include a request to add at least one SABRE Registered Assessor or SABRE Registered Professional.

Should all SABRE Registered Assessors and SABRE Registered Professionals be removed from a Licence, the Licence will cease.

**Fees**

This application form acts as a request to add SABRE Registered Assessors and SABRE Registered Professionals to a new or existing Licence.

Subject to its validation, the quotation arising from this application shall be sent by email to the individual named in Section 4 and will cover the registration fees for newly added SABRE Registered Assessors and SABRE Registered Professionals (as applicable).

The quotation will not cover fees associated with the renewal of the Licence. Those fees are invoiced at the point of annual renewal, based on the scope of the Licence.

All fees relating to SABRE Licences are detailed on the SABRE Fee Sheet (SYI-1103-001F).

# Licensed Status

This section must be completed by all applicants.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does your company already hold a valid SABRE Licence? | Yes | | |  | | No | | |  | |
| If ‘Yes’ please provide your SABRE Licence Reference Number and proceed to section 3. If ‘No’, please proceed to section 2. | SABRE Licence Ref: | | | | | | | | | |
| S | L | C | | - | |  |  | |  |

# Company

## Company Details

|  |  |
| --- | --- |
| Company name |  |
| Company email |  |
| Company fax |  |
| Company website |  |
| Companies House Ref: |  |
| Professional. Indemnity Policy Ref: |  |

## Principal Company Address

This address will be the principal address listed for the Company on any SABRE Licence Directory listing pursuant to this application.

|  |  |
| --- | --- |
| Address |  |
| Telephone |  |
| E-mail address |  |
| Fax |  |

# Request to Add Registered Assessors and/or Registered Professionals

The details of at least one individual must be provided in the following sub-sections.

Supporting information must be submitted for everyone named in the following sub-sections, demonstrating appropriate compliance of those individuals with the applicable criteria defined in the ‘SABRE Operations Handbook’ for Registered Assessors and Professionals (as applicable).

## Request to Add Registered Assessors

Please only list details of new Assessors. Existing Registered Assessors must not be listed.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Forename(s) |  | | |
| Position |  | Fax |  |
| E-mail address |  | Telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Forename(s) |  | | |
| Position |  | Fax |  |
| E-mail address |  | Telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Forename(s) |  | | |
| Position |  | Fax |  |
| E-mail address |  | Telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Forename(s) |  | | |
| Position |  | Fax |  |
| E-mail address |  | Telephone |  |

Please insert additional information boxes if needed.

## Request to Add Registered Professionals

Please only list details of new Professionals. Existing Registered Professionals must not be listed.

**IMPORTANT:** You must supply evidence in accordance with the ‘SABRE Operations Manual’ for all individuals listed. This includes written statements in support of each Registered Professional specialism being applied for. Failure to include this evidence will result in the Registered Professional element of this application being rejected.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | | | |
| Forename(s) |  | | | | |
| Position |  | | Fax |  | |
| E-mail address |  | | Telephone |  | |
| Specialisms (must tick at least one) | | | | | |
| Suitably Qualified Security Specialist[[1]](#footnote-1) (see footnote) | | | Security Strategy | |  |
| Threat Assessment | |  | Technical Security Design & Engineering | |  |
| Risk Assessment | |  | Operational Security | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | | | |
| Forename(s) |  | | | | |
| Position |  | | Fax |  | |
| E-mail address |  | | Telephone |  | |
| Specialisms (must tick at least one) | | | | | |
| Suitably Qualified Security Specialist2 (see footnote) | | | Security Strategy | |  |
| Threat Assessment | |  | Technical Security Design & Engineering | |  |
| Risk Assessment | |  | Operational Security | |  |

Please insert additional information boxes if needed.

# Invoice details

Please note, The Security Institute will confirm the fee payable following review and approval of your application. If you require a Purchase Order number to be included on any pursuant invoice, please advise us once we have confirmed the fee.

Only once the fee is confirmed and accepted, and you have provided a Purchase Order number (if required), will we issue an invoice using the details below.

|  |  |
| --- | --- |
| Company Name |  |
| Contact Name |  |
| Invoice Address |  |
| Telephone |  |
| E-mail Address  *(to receive invoice by e-mail)* |  |

# Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| I hereby confirm on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Company):   1. The information contained in this document has been reviewed to ensure that it is fully complete and correct. 2. Acceptance of terms contained in ‘Terms and Conditions for Company Licencing’ (SYI-1104-002P). 3. Acceptance of terms contained in ‘SABRE Imagery Guidance and Rules’ (SYI-1102-002P). 4. Acceptance of terms contained in the ‘SABRE Operations Handbook’ (SYI-1102-001P). 5. The relevant consents have been sought from the individual(s) named in section 3.   In support of this application, I enclose:   1. Evidence, as detailed in the SABRE Operations Handbook (SYI-1102-001P) in support of the request to add the Registered Assessors and/or Registered Professionals listed in section 3. 2. A copy of the Company’s Professional Indemnity Insurance certificate (applies to non‑Licence holders only). | | | |
| Authorised representative of the Company: | | | |
| Name: |  | Position: |  |
| Signature: |  | Date: |  |

Please submit the completed application together with copies of all associated documents to [sabre@security-institute.org](mailto:sabre@security-institute.org).

1. Individuals who successfully meet the requirements for ‘Threat Assessment’, ‘Risk Assessment’ and ‘Security Strategy’ will also be awarded the designation of ‘Suitably Qualified Security Specialist’ (SQSS). This is specifically for the purpose of communicating that the individual meets the requirements defined in BREEAM to undertake Security Needs Assessments (SNA). [↑](#footnote-ref-1)