

Contractor Form

We are sending this form to enable us to create a preferred contractor list. This will allow us to call on contractors when necessary from said list, having the assurance that each contract satisfies our requirements for Quality, Health & Safety, Competence and Environmental Management.

Please provide the following information relative to the formal application and sign the declaration on the last page. If any details change, please notify us in writing to stneotpc@hotmail.co.uk.

Section A - Administration

Company Name:	
Contact Name:	
Full Address:	
Contact Telephone Number:	
Contact Email Address:	

Type of Company:	Sole Trader / Partnership / Private Limited Company / Public Limited Company / Other (please specify):
Date Established (or Company Registration Date if applicable):	
Company Registration Number (if applicable):	

Please Enclose Copies of the Following Insurance Documents:		
	Level of Cover (£)	Copy Enclosed:
Public Liability Insurance		
Employers Liability Insurance (if applicable)		Yes / N/A
Public Indemnity Insurance (if you provide design, advice or consultation work)		Yes / N/A

Section B - Quality Assurance

Are you certified to ISO 9001?	Yes / No
If yes, what is your certificate number?	
If no, do you have a quality manual or a way to assure quality?	

Please list any memberships you hold of appropriate Associations or other regulatory or governing bodies for the trade concerned:

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Please list the trades or services you can offer:

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Please list the relevant qualifications you hold in each trade/service:

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Section C - Health & Safety

Do you have a Health & Safety policy that is revised in line with current legislative requirements?	Yes / No If yes, please enclose a copy
Please provide the name and contact details for the person ultimately responsible for Health & Safety in your company:	Name: Tel: Email Address:
Please list their Health & Safety qualifications or training:	
Do you have a formal procedure and documentation for identifying hazards and evaluating risks?	Yes / No Please enclose a copy of a Risk Assessment and Method Statement relevant to the work you wish to carry out for the council
Do employees have access to these documents? (If applicable)	Yes / No / N/A
How do you ensure that employees work to good Health & Safety standards? (e.g. training, RAMS etc) (If applicable)	

Does your work require the use of plant machinery or equipment that requires a ticket or license?	Yes / No If yes, please enclose copies of all relevant tickets and licenses
If you own your machinery/equipment, do you have a procedure in place to inspect and maintain it? (e.g. PAT testing, calibrations, in-house inspections)	Yes / No / N/A If yes, please enclose copies of relevant inspection or certification

In respect of health, safety and welfare matters, has your company been the recipient of improvement or prohibition notices from enforcement agencies or subject to prosecution in the last 3 years?	Yes / No		
If yes, please detail:		Number:	Year:
	Prosecutions		
	Prohibition		
	Improvement		
Has your company had any RIDDOR reportable incidents in the last 3 years?	Yes / No		
If yes, please detail:		Number:	Year:
	Major Incidents		
	Dangerous Occurrences		
	Fatalities		

Section D - Environmental

Are you certified to ISO 14001?	
If yes, what is your certificate number?	
If no, do you have an Environmental Policy or Statement?	(If yes, please enclose a copy)
Are you registered to carry controlled waste?	Yes / No
If yes, what is your Waste Carrier License Number?	

Section E - Finance

Please complete the following details for BACS payments:	
Bank Name and Address:	
Name on Account:	
Sort Code:	
Account Number:	

Are you VAT registered?	Yes / No
If yes, what is your VAT number?	

Please note, no work may be subcontracted without the prior consent of the council. Your details will be stored on a password protected device, and destroyed within 3 years of any contract with the council. You can contact stneotpc@hotmail.co.uk at any time to request that your details are removed from our files.

Declaration

I confirm that all of the information provided above is accurate and correct, to the best of my knowledge.

Signed: _____

Print Name: _____

Date: ____/____/____

Checklist

Documents Enclosed (items highlighted are mandatory):

☐ **Public Liability Insurance**

☐ Employers Liability Insurance (if applicable)

☐ Public Indemnity Insurance (if applicable)

☐ Health and Safety Policy (if available)

☐ **Risk Assessment and Method Statement**

☐ Equipment operative tickets or licenses (if applicable)

☐ Equipment inspection and maintenance record (if applicable)

☐ Environmental policy or statement (if applicable)