

Date of issue:

SUB-CONTRACTOR PROFILE

(Please complete all sections)

SECTION A: PAYMENT PROCESSING INFORMATION

(1) Contact Details (Please amend details if the above are incorrect)

Full Trading Name	<input style="width: 95%;" type="text"/>	Tel No	<input style="width: 95%;" type="text"/>
Trading Address	<input style="width: 95%;" type="text"/>	Fax No	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	Contact	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	Mobile	<input style="width: 95%;" type="text"/>
Postcode	<input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>

(2) Type of Business

Trade

(3) Construction Industry Scheme 2007

NB Please attach copy CIS 365

Business (please tick)	Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	
	Partnership <input type="checkbox"/>	Outside Scope <input type="checkbox"/>	
UTR No.	<input style="width: 95%;" type="text"/>		
Company Registration No.	<input style="width: 95%;" type="text"/>		
N.I. No. (Sole Trader)	<input style="width: 95%;" type="text"/>		

(4) Partnership Details

Name	<input style="width: 95%;" type="text"/>	N.I. No.	<input style="width: 95%;" type="text"/>
Individual UTR No.	<input style="width: 95%;" type="text"/>		
Name	<input style="width: 95%;" type="text"/>	N.I. No.	<input style="width: 95%;" type="text"/>
Individual UTR No.	<input style="width: 95%;" type="text"/>		
Partnership UTR No.	<input style="width: 95%;" type="text"/>		

SECTION A: PAYMENT PROCESSING INFORMATION (Cont'd)

(5) VAT Registration

VAT Reg. No. (if applicable)

(6) Public Liability Insurance

NB Please attach copy Insurance Certificate

Insurers Expiry date / /
Certificate No. Cover £

(7) Employers Liability Insurance

NB Please attach copy Insurance Certificate

Insurers Expiry date / /
Certificate No. Cover £

(8) Contractors All Risk Insurance

NB Please attach copy Insurance Certificate

Insurers Expiry date / /
Certificate No. Cover £

(9) Bank Details

NB Payments made via BACS direct to Bank

Bank Name Sort Code - -
Account Name A/C No.
* Factor Address (if remittance advice required)

* Pay to factor? No Yes Factor Name *

OFFICE USE ONLY:

(Please leave blank)

Account No.

Verification No.

Tax Treatment **Gross** **Nett**

Date Verified

Verified By

SECTION B: CONTRACT INFORMATION (Please complete all relevant Sections)

(1) Type of Work Undertaken

(2) Preferred Range of Contracts £ to £

(3) Geographical Area of Operations

(4) List of Previously Completed Contracts with name of Client/Value/Date Completed

(5) Present Value of Contracts £

(6) Names, Addresses & Telephone Numbers of at least Two Consultants/Contractors from whom a Reference may be obtained

(7) Are you familiar with JCT Forms of Contract? YES NO

SECTION C: EQUAL OPPORTUNITIES

(1) Do you have an Equal Opportunities Policy Statement which incorporates:-

Code of Practice on Racial Equality in Employment? YES NO

The Equal Opportunities Commission Code of Practice? YES NO

If the answer is 'Yes' please attach a copy

(2) If the answer is 'No', do you undertake to adopt, within the next six months, an Equal Opportunities Policy, incorporating The relevant Code of Practice? YES NO

SECTION D: HEALTH & SAFETY (Please complete all relevant Sections)

If your organisation has been granted full membership to the 'Contractors Health & Safety Assessment Scheme' (CHAS) register, please provide a copy of your accreditation. There is no need to complete section D if you are CHAS compliant.

- (1) If more than 5 people are employed, Provide a copy of your organisation's Safety Policy as required by S.2(3) of the **Health & Safety at Work Act 1974**

Copy of Policy enclosed

YES

NO

- (2) Provide details of your organisation's health and safety management procedures which will ensure the health & safety of your own workforce and others who could be affected by your activities on this Contract

Details enclosed

YES

NO

- (3) Supply examples of Risk Assessments prepared in accordance with the **Management of Health & Safety at Work Regulations 1999** (S.I.1992 No. 2051)

Examples enclosed

YES

NO

- (4) Who in your organisation has day-to-day responsibility for the management of Health & Safety

Name

Position

Telephone

Fax

- (5) Provide details of the experience and qualifications of the person named above

Curriculum Vitae enclosed

YES

NO

- (6) Who will be responsible for health and safety on site

Name

Position

Telephone

Fax

- (7) Provide details of the experience and qualifications of the person named above

Curriculum Vitae enclosed

YES

NO

- (8) Provide details of the health & safety training which will be provided for your employees and others to ensure that they are competent to carry out their designated responsibilities.

Details enclosed

YES

NO

- (9) What measures would you adopt to ensure the competence of Contractors to whom you propose to award work.

Details enclosed

YES

NO

SECTION D: HEALTH & SAFETY (Cont'd) (Please complete all relevant Sections)

(10) Have any formal notices been issued or legal proceedings been taken against your organisation by the Health & Safety Executive in the last 3 years

YES NO
 If yes, provide details separately

(11) Provide details of any accidents/incidents reported by, or on behalf of, your organisation to the Health & Safety Executive during the last 3 years as required by the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995** (S.I. 1995 No. 3163)

Details enclosed
 YES NO

(12) What resources (including staff, equipment and technical facilities) as required by the **Construction (Design and Management) Regulations 2007** (S.I. 1994 No. 3140), does your organisation intend to allocate to this Contract

Details enclosed
 YES NO

(13) What % of your employees hold valid CSCS cards?

%

SECTION E: QUALITY ASSURANCE

(1) Is your company registered to:

ISO 9001

YES NO

ISO 14001

YES NO

OHSAS 18001

YES NO

If the answer is 'Yes', who is the assessment body?

When are your certificates due for renewal?

Please provide copies of certificates

(2) If the answer is 'No', do you intend to attain approval to any of the aforementioned standards

YES NO

If 'Yes' in what timescale?

(3) Please supply contact details for your management representative(s) responsible for the aforementioned standards

Name	<input type="text"/>
Position	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>

SECTION F: GENERAL COMPANY INFORMATION (Please complete all relevant Sections)

(1) Names of Directors/Partners

(2) Address of Head Office or Registered Office (if different from Trading Address)

(3) Average Total Number of Employees

(4) Number of Management Staff

(5) Number of Apprentices/Trainees

(6) Are you registered with any trade organizations (ie NHBC, NFB, FMB etc) If 'Yes' please state Membership Numbers
 YES NO

SECTION G: DECLARATION

Declaration on behalf of

Signed

Name (please print)

Position

Date

OFFICE USE ONLY (Please leave blank)

PL	EL	Safety Policy	RA	COSHH ASS	Evidence of Comp.	QA	Approved Confirmed	Approved by	Date
						9001			
						14001			
						18001			

Sub-Contractor/Supplier Approved for Use by PCBL Director	(Date)	(Signature)
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PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE TO:

Stephanie Coley
Pearce Construction (Barnstaple) Ltd,
Pearce House, Brannam Crescent, Roundswell Business Park,
Barnstaple, Devon EX31 3TD
 Tel: 01271 345261 Fax: 01271 852124 email: buildit@pearceb.co.uk