

# Contractor Pre-Qualification Questionnaire

Business Trading Name:	
Application Completed by:	

Approval (circle as appropriate): (Refer to section 11 for full details)	<b>APPROVED</b>	<b>REJECTED</b>
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## Instructions

Thank you for completing this questionnaire. The information it contains will be held in confidence and used to determine your suitability for the provision of services to the Estate. Note that we will only use the information contained within this submission in our evaluation process and when completing the document you should assume we have no prior knowledge of your organisation.

If you are unsure of which sections to complete, please contact us on 01670 528400.

Please complete this document as fully as possible, and continue on a separate sheet where needed. Please also enclose copies of all relevant supporting information; these should not be submitted separately.

Guidance notes are shown in **blue**.

## Data Protection Statement

In the event your submission is approved, we will contact you periodically (and every 3 years as a minimum) to update all or part of this information. Your approved applications will be retained on file for 6 years and then destroyed. In the event your submission is rejected, your submission will be retained on file for 6 months and then destroyed.

## 1. Business Overview

### 1.1 Company Structure (please tick one)

Sole Trader	<input type="checkbox"/>	For Sole Trader and Partnership, please add the name of the principal(s) in the box below.
Partnership	<input type="checkbox"/>	
Limited Company	<input type="checkbox"/>	Please state you company number in the box below and attach your certificate of incorporation.
Additional information:		

### 1.2 Contact Details

Legal name of Company:	
Trading name (if different):	
Principal business activity:	
Registered office address:	
Trading address (if different):	
Telephone number:	
Email address:	
Website:	

### 1.3 Business Information

Date commenced trading:	
UTR:	
VAT Registration number*:	
NI number:	

(\*please attach a copy of your VAT certificate)

### 1.4 HMRC Construction Industry Scheme

Does your activity fall within the scope of the HMRC Construction Industry Scheme?	
<b>Yes</b>	<b>No</b>

### 1.5 Holding Company (complete if applicable, or leave blank)

Company Name:	
Company registration number:	

### 1.6 Related Parties Declaration

Is there any party who significantly influences the decisions of your business that is related to a similarly influential party within Advance Northumberland? Please tick below as applicable.	
<b>Yes</b>	<b>No</b>
If 'yes' please add their name here:	

### 1.7 Type of Work Applied For (please tick one and add a brief description)

Labour, Plant & Materials	<input type="checkbox"/>	Labour & Plant ONLY	<input type="checkbox"/>	Labour ONLY, incl. small tools	<input type="checkbox"/>
Labour, Plant & Materials with Design	<input type="checkbox"/>	Labour & Plant ONLY with Design	<input type="checkbox"/>	Labour Agency	<input type="checkbox"/>
Description:					

### 1.8 Number of Employees

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### 1.9 Contact Details within your business

Department	Name and position	Telephone No	Email
Quotations			
Order placement			
Order progress			
Finance			

Please note that Advance Northumberland require a named contact for all items specified above, but in the event of a sole trader or partnership, this can be the same named person.

## 2.0 Finance

### 2.1 Bank Details

Do you use a factoring company? <a href="#">Please tick one.</a>	
<b>Yes</b> Please enter <u>their</u> details below	<b>No</b> Please enter <u>your</u> details below

Bank Name:	
Bank Address:	
Bank Account Name:	
Account Number:	
Sort Code:	
Swift BIC Code:	
IBAN:	

### 2.2 Turnover

Annual Turnover (for last 3 years)		
Year:	Year:	Year:
£	£	£

### 3. Insurance and Legal

#### 3.1 Insurance Cover

Please provide details of your insurance in the table below. Note that if you are applying for design work, you must include details of professional indemnity insurance below.

(Please attach an original copy of your certificate(s) or broker confirmation – this is a mandatory)

	Limit of Indemnity £	Renewal Date	No insurance (please tick)
Employer' Liability			
Public Liability			
Contractors All Risk			
Professional Indemnity			
Other			

#### 3.2 Legal and contractual matters

Has your organisation been sued or prosecuted within the last 5 years in respect of a project involving design, construction, or services provided by the organisation?	
<b>Yes</b>	<b>No</b>

Has your organisation been involved in such a project that has been abandoned?	
<b>Yes</b>	<b>No</b>

Has your organisation had a contract terminated in the last 5 years?	
<b>Yes</b>	<b>No</b>

Has your organisation or any individual employed by your company been prosecuted or received an improvement/prohibition notice for any breach of health and safety legislation within the past 3 years?	
<b>Yes</b>	<b>No</b>

(If you have answered YES to any of the above, please provide details on a separate sheet)

## 4.0 Health and Safety

### 4.1 Health and Safety Policy

Does your organisation have a Health and Safety Policy? Tick one.	
<b>Yes</b>	<b>No</b>

(If you have answered YES, please attach a copy with your submission. Note if you have 5 or more staff a H&S Policy is a legal requirement)

### 4.2 Person responsible for Health and Safety

Please give details of the Competent Person (as defined in the Management of Health & Safety at Work Regulations 1999) in your organisation, or state where this is an external body.	
Name:	Position:
Contact No:	Email:
Further details:	

### 4.3 Accidents

Please complete the following for the last three years			
	Year:	Year:	Year:
Fatal Accidents			
Specified Injuries			
Over 7-day accidents			
Dangerous occurrences			
Reportable Diseases			
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require accidents involving the self-employed and members of the public in the first two categories to be reported by employers, therefore these should be shown, but as a separate total from employee accidents.			

#### 4.4 Contractors

Does your business use sub-contractors? Tick one	
<b>Yes</b>	<b>No</b>

(If you have answered YES, please attach a copy of your insurance schedule confirming you are covered for working with Subcontractors.)

#### 4.5 Risk Assessments and Method Statements

Does your business use method statements and risk assessments, as per current Health and Safety regulations? Tick one	
<b>Yes</b>	<b>No</b>

(If you have answered YES, please attach a copy of a risk assessment and method statement appropriate to the type of work applied for.)

#### 4.6 Manual Handling

Does your business comply with current Manual Handling Regulations? Tick one	
<b>Yes</b>	<b>No</b>

(If you have answered YES, please attach a copy of a recent manual handling risk assessment.)

#### 4.7 Control of Substances Hazardous to Health (COSHH)

Does your business comply with current COSHH Regulations? Tick one	
<b>Yes</b>	<b>No</b>

(If you have answered YES, please attach a copy of a typical assessment.)

#### 4.8 Communication

Please state how health and safety procedures, policies and updates are communicated within your business.



#### 4.9 Asbestos

Have you completed asbestos awareness training? Tick one	
<b>Yes</b>	<b>No</b>

(If YES, please attach a copy of your Training Certificate)

#### 4.10 Asbestos

Does your business deal with asbestos removal / disposal? Tick one	
<b>Yes</b>	<b>No</b>

(If YES, please attach a copy of your Asbestos Licence)

#### 4.11 Asbestos Communication

Please state how asbestos awareness is communicated within your business and a description of your business practices.

#### 4.12 Health and Safety Executive

Have you ever been issued with an Improvement Notice or a Prohibition Notice by the HSE? Tick one	
<b>Yes</b>	<b>No</b>

(If YES, please add details in the box below)

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## 5.0 Quality and Environmental

### 5.1 Quality Systems

Does your management system have an external accreditation, please tick as appropriate below		
Standard	Certification	Documentation
ISO 9001:		
ISO 14001:		
ISO 18001:		
Other:		

(Please attach copies of any relevant accreditation certificates from external bodies)

### 5.2 Environmental Policy

Does your organisation have an Environmental Policy – please tick as applicable	
<b>Yes</b>	<b>No</b>

Is a senior manager in your organisation responsible for environmental matters?	
<b>Yes</b>	<b>No</b>
If Yes, please state their name and position:	

Does your organisation provide environmentally sound products as standard?	
<b>Yes</b>	<b>No</b>

### 5.3 Waste

Does your organisation have a waste management plan?	
<b>Yes</b>	<b>No</b>

## 6.0 HR Matters

### 6.1 Recruitment

Please provide more information on your staff recruitment techniques. Tick yes or no for each area stated.		
Application form	Yes	No
Interview	Yes	No
References	Yes	No
Disclosure and Barring Checks (DBS)	Yes	No
Other measures used to ensure safe recruitment and staff retention		

### 6.2 Equality and Diversity

Does your organisation comply with its legal obligations relating to the following? Tick yes or no for each area stated.		
Race	Yes	No
Sexual Orientation	Yes	No
Disability	Yes	No
Age	Yes	No
Religion or belief	Yes	No
Gender	Yes	No
Human Rights	Yes	No

In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal? Tick one.

**Yes**

**No**

In the last 3 years has your organisation been the subject of a formal investigation on the grounds of alleged unlawful discrimination by, for example, the Commission for Racial Equality (CRE), Disability Rights Commission (DRC), Equal Opportunities Commission (EOC) or Equality and Human Rights Commission (EHRC). Tick one.

**Yes**

**No**

### 6.3 Advance Northumberland Estate Contractor Code of Conduct

The Advance Northumberland Estate Contractor Code of Conduct has been received, reviewed and acknowledged.

**Yes**

**No**

## 7.0 Client References

Please provide details of companies to whom you have provided similar services in the last year. **Please note if you do not provide references your application cannot be processed.**

Name and Address			
Contact Name:		Telephone No:	
Email address:			

Name and Address			
Contact Name:		Telephone No:	
Email address:			

Name and Address			
Contact Name:		Telephone No:	
Email address:			

## 8.0 Declaration

I confirm that to the best of my knowledge the information provided within this submission is current and correct. I accept the conditions and undertakings requested within this questionnaire and to:

- Provide adequate control of health, safety and welfare risks arising from our work activities which may affect employees of others.
- Consult with our employees on matters affecting health and safety.
- Provide and maintain safe plant and equipment.
- Ensure safe handling or use of substances.
- Provide information, instruction and supervision of employees.
- Ensure all employees are fit and competent to do their tasks, and give them adequate training.
- Prevent accidents and cases of work related ill health.
- Maintain safe and healthy working conditions.
- Ensure sufficient funds are available to implement this declaration; and
- Review and revise this declaration as necessary at regular intervals and not exceeding 12 months.

I understand that false information in any aspect of this submission could result in the rejection of the application.

**This undertaking should be signed by a Partner, Director or authorised representative on behalf of the Organisation.**

<b>Signature</b>	
<b>Print Name</b>	
<b>Position</b>	
<b>Date</b>	

## 9. Submission Checklist:

Please use the list below to check you have included all information and documents required for this submission. Please also ensure you have signed and dated the declaration. If marked with an **M** note the information is mandatory.

Documents required with your submission			
Section Ref.	Description		✓
1.1	Certificate of incorporation (if Limited)		
1.2	VAT Certificate (if VAT registered)		
1.2	CIS Registration Letter	<b>M</b>	
3.1	Certificate and schedule for Employer Liability Insurance	<b>M</b>	
3.1	Certificate and schedule for Public Liability Insurance	<b>M</b>	
3.1	Certificate of Professional Indemnity Insurance		
3.2	Details of any litigation, prosecution, abandonment or cancelled contracts, if applicable		
4.1	Health and Safety Policy	<b>M</b>	
4.5	Copy of a Method Statement and Risk Assessment	<b>M</b>	
4.6	Manual Handling Risk Assessment		
4.7	Example of COSHH Risk Assessment		
5.1	Copies of external accreditation certificates if applicable		

### 10. Approval Sheet (to be completed by Advance Northumberland)

	Yes	No	NA
Documentation complete?			
Insurance checked?			
H&S Policy and RAMS reviewed?			
References?			
Comments			

**Approval (circle as appropriate):	<b>APPROVED</b> <b>REJECTED</b>
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** Print Name and Signature:	** Print Name and Signature:

**\*\* Transfer application status information to front cover.**