

Sub-contractor Application Questionnaire

Company Name:						
	Approved (✓/X)	Approved By		Date		
T A Knox Ltd						
<i>Health & Safety Approval Rating</i>	Approved		Approved – Pending		Refused	

1.0 Operational Information

Please provide the following information relative to the Formal Application and sign the Declaration on the last page.

1.1	Full Name and Address:			
	Telephone		Mobile	
	Fax		Email Address	
	Contact Name:			
1.2	Type of company: (Please specify)			
	Sole Trader		Partnership	Private Limited Company
	Public Limited Company		Other (Please specify)	
1.3	Date Established <i>(or if registered company date & registration No.):</i>			No. of Employees
1.4	Name of Parent Company or Parent Group of Companies <i>(if different from applicant):</i>			
1.5	List of Wholly Owned Subsidiary Companies:			
1.6	Do you have arrangements for providing your workforce with quality-related training and information appropriate to the type of work for which your organisation is likely to carry out?			
		Yes	No	
1.7	Do you have arrangements for ensuring that your own suppliers apply quality management measures that are appropriate to the works they undertake?			
		Yes	No	
1.8	Health and Safety Management (Please provide copies of all certificates/documents).			
	Do you have a health & Safety Policy.	Yes	No	
	Do you have public liability insurance.	Yes	No	
	Do you have employee liability insurance.	Yes	No	
	Do you maintain accident records.	Yes	No	
	How many RIDDOR accidents has your company had in the last 3 years.	Yes	No	
	Have you had an improvement notice or prohibition notice served on you in the last 3 years.	Yes	No	

	Do you formally monitor systems of work and procedures.		Yes		No	
	Have your staff received formal training e.g. cscs.		Yes		No	
	Do you carry out risk assessments.		Yes		No	
1.9	Trades					
	Please highlight below the trade(s) and works that your company is competent to deliver.					
	1	Alarms				
	2	Plumbing & Drainage: Installation / repairs				
	3	Pumping stations				
	4	Electrical: installation / repair				
	5	Floor, Wall and Ceiling Tiles				
	6	Glazing: installation / repair				
	7	Painting and Decorating				
	8	Doors: installation / repair				
	9	Mechanical (i.e. Compactors, FLT, Lifts)				
	10	Roofing remedials				
	11	Refrigeration: installation / repair				
	12	HVAC: Installation / repair				
	13	Lighting: installation / repair				
	14	General Building / Shopfit				
	15	CCTV: installation / repair				
	16	Mezzanine: install/modify				
	17	Other (please specify)				

Section A – Administration *(continued)*

Please indicate, by ticking the appropriate box, the areas you would wish your company/firm to be considered for and for which you consider your organisation to be competent and experienced.

Category 1 – Building Works *(Including small works)*

1.1	Up to £10,000	
1.2	£10,000 to £30,000	
1.3	£30,000 to £50,000	
1.4	£50,000 to £500,000 +	

Category 2 – Mechanical and Electrical Services *(Installation and Maintenance)*

2.1	Up to £10,000	
2.2	£10,000 to £30,000	
2.3	£30,000 to £50,000	
2.4	£50,000 to £500,000 +	

Category 3 – Environmental Improvements and Landscaping

3.1	Up to £10,000	
3.2	£10,000 to £30,000	
3.3	£30,000 to £50,000	
3.4	£50,000 to £500,000 +	

Category 4 – Civil Engineering and Road Works

4.1	Up to £10,000	
4.2	£10,000 to £30,000	
4.3	£30,000 to £50,000	
4.4	£50,000 to £500,000 +	

Category 5 – Demolition

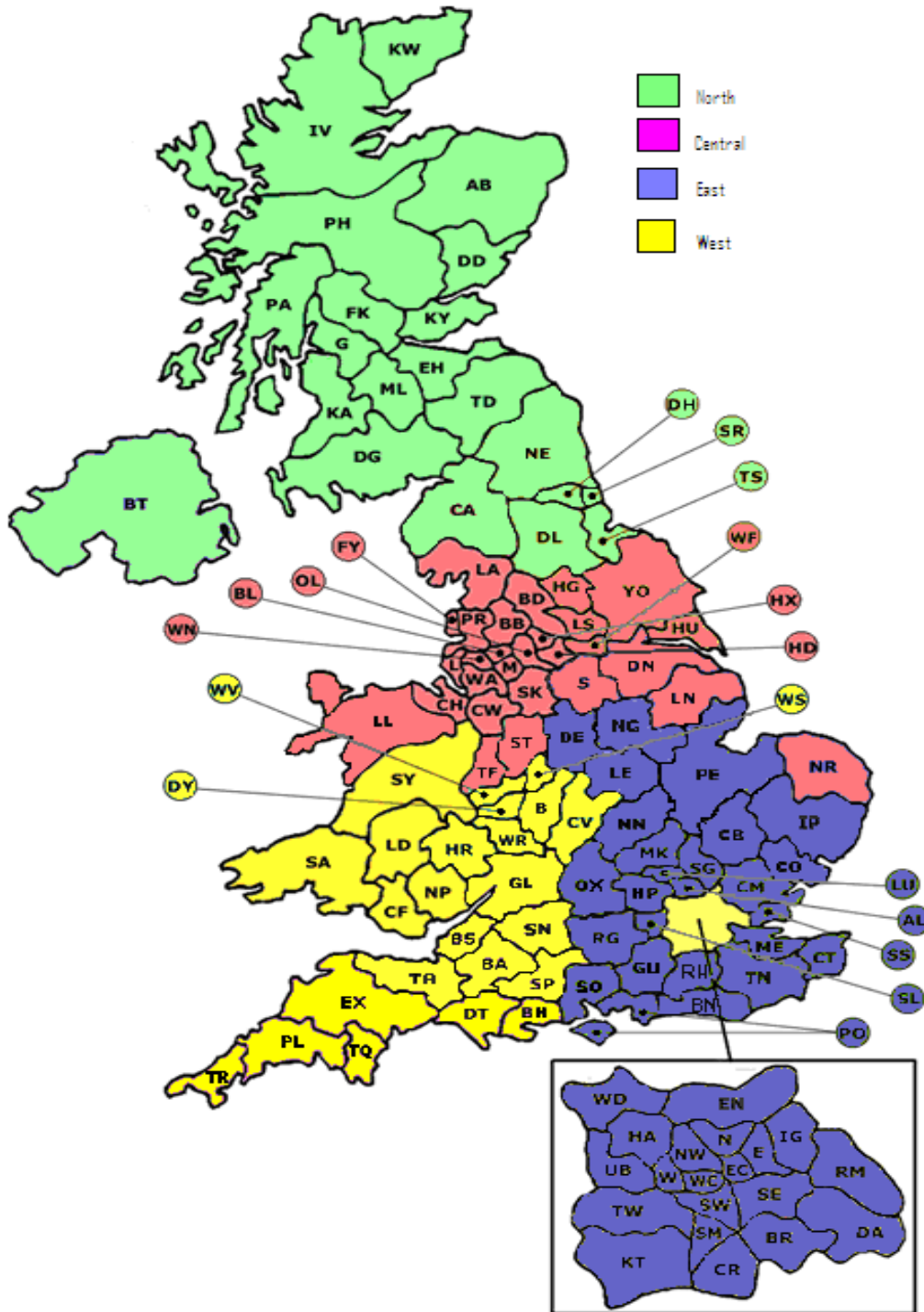
5.1	Up to £10,000	
5.2	£10,000 to £30,000	
5.3	£30,000 to £50,000	
5.4	£50,000 to £500,000 +	

Category 6 – Internal Works

6.1	Up to £10,000	
6.2	£10,000 to £30,000	
6.3	£30,000 to £50,000	
6.4	£50,000 to £500,000 +	

1.10 Coverage

Please indicate in which region(s) your company can undertake work.			
Scotland		Midlands	
North East		South West	
North West		South East	
Northern Ireland		Channel Islands	
ROI		Other (Please indicate postcode)	
Please indicate how many miles you will travel for a contract from your work base.			_____miles



Section B – Finance

1.0	Payment will be by BACS, can you please enter your Account Name, Account Number and Sort Code.		
	Account Name:		
	Account No.		Sort Code: <input type="text"/>
	Remittance email address.		

2.0	Acting as a subcontractor for T A KNOX LIMITED we are required to pay the vat you charge on your invoices over to HMRC. Please state on your invoices that Domestic Reverse Charge applies. *Please circle applicable.			
	UTR No.	Gross	Net	Higher
3.0	References			
	Please supply details of two trade references:			
3.1	Name:		Position:	
	Company		Contact No.	
	Address:		Works undertaken:	
3.2	Name:		Position:	
	Company		Contact No.	
	Address:		Works undertaken:	
4.0	Certificate of Registration for value added tax			
	Are you currently registered?	Yes		No
	VAT Registration Number			

5.0	Certificate of Insurance		
	Please forward copies of the undernoted insurance certificates:		
	Public & Product liability insurance (at least £10,000,000 of cover)	Copy enclosed	
	Employers Liability ((at least £10,000,000 of cover)	Copy enclosed	
	Should your company carry out design work:		
	Professional Indemnity (please denote cover value)	Copy enclosed	
		Not applicable	
	Contractors All Risk (please denote cover value)	Copy enclosed	
Not applicable			

Section C – Additional

6.0

Sub Contractors

6.1

Do you use subcontractors?

Yes

No

6.2

Do you assess their competence?

Yes

No

6.2.
1

If **yes**, please state what methods you employ.

6.3

Have any of your subcontractors been subject to enforcement action by the HSE / local authority Environmental Health department, or been investigated by Gas Safe?

Yes

No

6.4

Where you employ subcontractors we require them to hold trade-specific competency qualifications such as CSCS / skills cards, Gas Safe Registration and NICEIC / ECA registration in addition to health & safety training to the same standards detailed above in Section 3.0.

Can you confirm that any subcontractor you employ will hold trade-specific competency qualifications such as CSCS / skills cards and health & safety qualifications as stated above?

Yes

No

6.5

Do you have arrangements for co-operating and co-ordinating your work with others (including other suppliers, notably contractors)?

Yes

No

If yes, please detail these arrangements below.

7.0	Equal Opportunities and Diversity			
7.1	Is it your policy as an employer to comply with anti-discrimination legislation, and to treat all people fairly and equally so that no one group of people is treated less favourably than others?			
		Yes		No
7.2	In the last three years, has any finding of unlawful discrimination been made against your organisation by any court, industrial or employment tribunal or equivalent body?			
		Yes		No
7.3	In the last three years, has your organisation been the subject to a compliance action by the Equality and Human Rights Commission or an equivalent body on ground of alleged unlawful discrimination?			
		Yes		No
7.4	If the answer to question 13.2 or 13.3 is “Yes”, what steps did your organisation take as a result of that finding or investigation? Please provide details / evidence of remedial action.			
7.5	What does your organisation do to ensure that equality and diversity is embedded within your organisation? Please provide copies of any relevant policies or written statement / evidence of relevant actions.			
7.6	Do you actively promote good practice in terms of eliminating discrimination in all forms through:			
	a) guidance to your employees / suppliers concerned with recruitment, training & promotion?	Yes		No
	b) making guidance or policy documents concerning how the organisation embeds equality and diversity available to employees / sub-contractors, recognised trade unions or other representative groups or employees?	Yes		No
	c) appropriate recruitment advertisements or other literature?	Yes		No
	Please provide copies of any relevant policies, literature or written statement / evidence of relevant actions.			

[Declaration](#)

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

Print Name	Signature	Position	Date

8.0	Checklist		
	Contractors completing this document should use this checklist to assist you in including all the relevant information in your application.		
Section	Item	Office Use Only	
		Attached:	
		Yes	No
A			
	Company accreditation certificates.		
	Signed & dated Health & Safety Policy Statement and contents page.		
	H&S Management System Accreditation (e.g. OHSAS 18001)		
	Sample selection of employees CSCS / Skills cards.		
	SMSTS / SSSTS / IOSH certs for managers and supervisors.(sample)		
	Operatives Health & Safety Awareness certificates. (sample)		
	UKATA accredited Asbestos Awareness training certificates. (sample)		
	Trade / work method training records.		
	Sample selection of employees & subcontractors Gas Qualifications & Gas Safe Register Licences.		
	Sample selection of employees' electrical competence records.		
	Sample completed risk assessments & method statements.		
	Company Training Matrix.		
	Sample selection of work equipment training records.		
	Sample COSHH Assessment.		
	Signed & dated copy of your Environmental Policy.		
	Environmental Certifications such as ISO 14001.		
	Certificate of Registration for Waste Carriage.		
	Arrangements for monitoring suppliers' environmental management		
	Sample site inspections / audit reports.		

	Signed & Dated copy of your Equality & Diversity Policy.		
B			
	Certificates of Insurance: <input type="checkbox"/> Public Liability. <input type="checkbox"/> Employers' Liability. <input type="checkbox"/> Professional Indemnity Insurance (If applicable). <input type="checkbox"/> Product Liability Insurance (If applicable).		