

Sub-Contractor Approval Questionnaire



General Information

Company / Partnership / Individual Name:	
Contact Name:	
Contact Number:	
Address:	
Email:	
Website:	
Nature of Business:	
Geographical Areas Covered:	
Number of Employees:	
Status: (Please Circle)	Public Company Private Company Partnership Sole Trader

Financial Information

Bank Name:		Accounts Contact:	
Account Number:		Sort Code:	
Company Registration Number:			
VAT Registration Number:			
UTR Number:			
Name Registered with HRMC:			
National Insurance No. (Sole Trader/Partnership only)			

Insurance Details

Please enclose copies of your insurance certificates / schedules for the following (as applicable);

Public Liability
Product Liability
Employers Liability
Professional Indemnity

Health & Safety

Do you have a company Health & Safety Policy? (Please circle as appropriate)	Yes / No
<i>If 'Yes', please provide a current copy</i>	
Have you been prosecuted for a Health & Safety offence in the last 3 years?	Yes / No
<i>If 'Yes', please provide details on a separate sheet</i>	
Are you a member of or accredited by a trade organisation?	Yes / No
<i>If 'Yes' please provide details and copies of the certificates</i>	

Health & Safety (Continued.)

Training - Please provide copies of all cards / certificates as evidence of employee qualifications
e.g. CSCS Cards.

Please provide details of the person responsible for the Health & Safety within your organisation.

Name:		Contact Number:	
Mobile Number:		Contact Email:	
Company Name: (If external)			

Quality / Environmental Management

Are you certified to ISO 9001? Yes / No

If 'Yes' please attach a copy of your certificate

Do you appoint sub-contractors? Yes / No

If 'Yes' please provide details of how you assess the competence of your sub-contractors prior to appointment;

Do you have a company Environmental Policy? Yes / No

If 'Yes' please provide a current copy

Equal Opportunities Management

Do you have a company Equal Opportunities Policy? Yes / No

If 'Yes' please provide a current copy

Name:	Position:
Date:	Signature:

PLEASE RETURN TO ENQUIRIES@CPMPARTNERSHIP.COM

or

The Old Marley Lodge, Marley Estate, South Brent, Devon, TQ10 9JX

FOR INTERNAL USE ONLY - Internal Approval

Date Received:		Checked By:	
Approval Date:		Approved By:	
Signature:			