|  |  |
| --- | --- |
| Purpose | To record and collect information specific to individual contractors and suppliers for inclusion on the Purchase Ledger and Contractors Database |

***Section 1: Company Details***

|  |  |
| --- | --- |
| 1.1 | Company name:       |
| 1.2 | Registered office address:       | Post Code:       |
|  | Telephone No. (inc. area code):       |
| 1.3 | Local office address & telephone no. (if any):       |
| 1.4 | Details of person completing this form: |
|  | Name:       | Telephone No.:       |
|  | Email:       | Fax No.:       |
| 1.5 | Registration No. (where limited company):       |
|  | State whether public or private enterprise:       |
| 1.6 | If a member of a group of companies, provide name and address of parent company:      |
| 1.7 | Provide description of main business, areas of specialisation & monetary value of contracts undertaken (spend supplementary sheets if required):       |
| 1.8 | Full names of Directors and Secretary, or partners or sole owner (specify position):      |

***Section 2: Insurance & Financial Details***

|  |  |
| --- | --- |
| 2.1 | Name and address of insurers/insurance brokers:       |
| 2.2 | Employer’s liability insurances: |
|  | Insurer:       | Policy No.:       |
|  | Amount of Cover:       | Expiry Date:       |
| 2.3 | Public liability (third party) insurances: |
|  | Insurer:       | Policy No.:       |
|  | Amount of Cover:       | Expiry Date:       |
| 2.4 | Professional indemnity insurance (if applicable): |
|  | Insurer:       | Policy No.:       |
|  | Amount of Cover:       | Expiry Date:       |
|  | *NB: Where the award of a subcontractor requires design input from the proposed subcontractor it will be necessary for such subcontractor to hold appropriate professional indemnity insurance cover.* |
| 2.5 | Income Tax Details:       |
|  | Unique Tax Reference (UTR) No.:       |
|  | National Insurance No. of UTR Holder:      (if partnership or sole trader) |
| 2.6 | VAT Registration No.:       |
| 2.7 | Company Bank Details\*

|  |
| --- |
| Bank Name:       |
| Address:       | Post Code:       |
| Sort Code:       | Account No.:       |

*\*please not any money paid to us will be in the name of Flanagan Building & Maintenance Services Ltd* |

***Section 3: Health & Safety***

|  |  |
| --- | --- |
| 3.1 | Is your company CHAS registered? |
|  |  Yes [ ]  No [ ]  |
| 3.2 | Does your company 5 or more employees? |
|  |  Yes [ ]  No [ ]  |
| 3.3 | Does your company have a written health and safety policy statement, prepares in accordance with the HSWA1974? |
|  |  Yes [ ]  No [ ] If **yes**, please send a copy. |
| 3.4 | How often is you H&S Policy reviewed?      |
| 3.5 | How are your on-site operatives informed of their responsibilities in respect of your H&S Policy?      |
| 3.6 | Provide details of any formal training given to managers/supervisors.      |
| 3.7 | Have all operatives received adequate training for intended tasks? |
|  |  Yes [ ]  No [ ]  |
| 3.8 | If any external work is carried out and electrical appliances are to be used, please indicate the Working Voltage you would use.       |
| 3.9 | Are all employees instructed in the use of, and where necessary, provided with all relevant PPE? |
|  |  Yes [ ]  No [ ]  |
| 3.10 | Where applicable, is only certified equipment (i.e. lifting equipment, electrical appliances etc.) used? |
|  |  Yes [ ]  No [ ]  |
| 3.11 | Does your company have an organisation structure for the management of health & safety? |
|  |  Yes [ ]  No [ ] If **yes**, please send a copy. |

|  |  |
| --- | --- |
| 3.12 | Does your company employ a health & safety officer? |
|  |  Yes [ ]  No [ ] If **yes**, please provide name & contact telephone number:       |
| 3.13 | Is there a policy in place for reporting/investigating & recording accidents? |
|  |  Yes [ ]  No [ ] If **yes**, please send a copy. |
| 3.14 | Please list the number of accidents, incidents and near misses over the past 3 years

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fatalities |       |  |
|  | Major Injuries |       |  |
|  | Over 3 Day |       |  |
|  | Dangerous Occurrences |       |  |
|  | Near Misses |       |  |
|  |  |  |  |

 |
| 3.15 | Has your company ever been served with any probation or improvement notices by the HSE? |
|  |  Yes [ ]  No [ ] If **yes**, please provide details. |
| 3.16 | Has your company or its directors been convicted of an offence in respect of HSWA 1974? |
|  |  Yes [ ]  No [ ]  |
| 3.17 | Do you intend to use sub-contractors on any projects for FBMS Ltd? |
|  |  Yes [ ]  No [ ] If **yes**, what measures do you use to ensure the competence of sub-contractors to whom you propose to award work? |
| 3.18 | Do you agree to inform Flanagan Building and Maintenance Services Ltd. of any sub-contractor appointments you intend to use on any project at tender stage? (Or prior to their appointment if circumstances change partway through a project) |
|  |  Yes [ ]  No [ ]  |

***Section 4: Employment & Training***

|  |  |
| --- | --- |
| 4.1 | 1. Does your company have an Equal Opportunity & Diversity Policy?
 |
|  |  Yes [ ]  No [ ] If **yes**, please send a copy. |
|  | 1. Does your company comply with all legislation outlined in the Equalities Act 2010
 |
|  |  Yes [ ]  No [ ]  |
|  | 1. Has your company or its directors been convicted of an offence in relation to any of the above?
 |
|  |  Yes [ ]  No [ ]  |
|  | 1. Please enclose copies of any related policies your company has in operation.
 |
| 4.2 | Do your company employees receive induction training? |
|  |  Yes [ ]  No [ ]  |
| 4.3 | Do your company employees hold CSCS or SHEQ cards? |
|  |  Yes [ ]  No [ ] *Anyone working on a United Utilities site on behalf of FBMS Ltd will be required to hold a valid CSCS card* |
| 4.4 | Do your company employees hold Water Hygiene cards? |
|  |  Yes [ ]  No [ ] *Anyone working on a United Utilities site on behalf of FBMS Ltd will be required to hold a valid Water Hygiene card* |
| 4.5 | Does your company have an ongoing training programme? |
|  |  Yes [ ]  No [ ]  |
| 4.6 | Please confirm that your staff are competent to perform the required work. |
|  |  Yes [ ]  No [ ] *We reserve the right to audit your training & competence systems upon agreement* |

|  |  |
| --- | --- |
| 4.7 | The Company has a strict anti-bribery and corruption policy in line with the Bribery Act (2010). A bribe is defined as: giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so. If you or any of your employee’s bribe (or attempt to bribe) another person, intending either to obtain or retain business for the company, or to obtain or retain an advantage in the conduct of the company's business this will be considered gross misconduct. In these circumstances, you will be subject to formal investigation and may be removed from site.Do you agree to comply with the Bribery Act 2010? Yes [ ]  No [ ]  |

***Section 5: References***

|  |  |
| --- | --- |
| 5.1 | Please state the names, full addresses and telephone numbers of two persons from whom a technical reference may be obtained. The referees should represent companies for which you have carried out a number of subcontract works. |
|  |       |
|  |       |

***Section 6: Quality***

|  |  |
| --- | --- |
| 6.1 | Does your company hold any of the following accreditations? |
|  |  ISO 9001 Yes [ ]  No [ ]  ISO 14001 Yes [ ]  No [ ]  ISO 18001 Yes [ ]  No [ ] If **yes** to any of the above, please provide registration numbers and the name of the accreditation authority together with copies of your Registration Certificates.If **no** to **any** of the above, please complete **all** following questions. |
| 6.2 | Is your company/firm in the process of preparation for ISO 9001 registration? |
|  |  Yes [ ]  No [ ] If **yes**, when do you hope to achieve registration? |
| 6.3 | Does your company/firm have a quality policy statement? |
|  |  Yes [ ]  No [ ] If **yes**, please provide a copy. |
| 6.4 | Does your company/firm have a quality manual, documented procedures or work instructions? |
|  |  Yes [ ]  No [ ] If **yes**, please provide details. |
| 6.5 | Does your company/firm have an appointed management representative responsible for the quality system? |
|  |  Yes [ ]  No [ ]   |
| Name:       | Position:       |
| 6.6 | State the number of staff directly involved in quality assurance/control      |
| 6.7 | Would you agree to a quality systems audit to be carried out on your organisation by us? |
|  |  Yes [ ]  No [ ] If **no** please state reasons why. |

|  |  |
| --- | --- |
| 6.8 | For companies with no formal documentation, please provide a flowchart of how you would process an order for work to completion. Please indicate checks, inspections of work including the final quality of the work. |
| 6.9 | Mechanical & ElectricalIs your company (or you) Gas Safe or NICEIC Registered? |
|  |  Gas Safe [ ]  NICEIC [ ] *Please supply a copy of your registration certificate* |

***Section 7: Environment***

|  |  |
| --- | --- |
| 7.1 | Does your organisation have an Environmental Policy Statement committing the organisation to a programme of improvement in its environment? |
|  |  Yes [ ]  No [ ] If **yes**, please provide a copy. |
| 7.2 | If you responded affirmatively to the previous question, does your policy extend to those products and/or services that the organisation would use/provide in carrying out the contractual work being tendered for? |
|  |  Yes [ ]  No [ ] If **yes**, please indicate how. |
| 7.3 | Does your organisation have an Environmental Management System? |
|  |  Yes [ ]  No [ ] If **yes** please outline the major elements of the system |
| 7.4 | Does your organisation formally set environmental performance targets and objectives? |
|  |  Yes [ ]  No [ ] If **yes**, please give examples. |
| 7.5 | Does your organisation formally report on progress towards meeting those targets or objectives? |
|  |  Yes [ ]  No [ ] If **yes**, please give details |

***I/We hereby apply for inclusion in Flanagan Building and Maintenance Services Ltd.’s list of Approved Contractors***

|  |  |
| --- | --- |
| Signed |       |
| Position held |       |
| For and on behalf of |       |
| Date |       |

 **Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Sent by |       | Date |       |
| Database Result |  Approved [ ]  Unapproved [ ]  |
| Authorised for inclusion as an Approved Contractor? | Yes [ ] No [ ]  | Signed |  |