

**Subcontractor Questionnaire****Is this a new application or renewal?**New Application       Renewal **What type of work are you interested in?**Residential       Commercial       Both 

Company Details	
<b>Company Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

Details			
	Name(s)	Phone No.	Email Address
<b>Company Director(s)</b>			
<b>Accounts Manager</b>			
<b>Point of Contact</b>			

**Please tick to confirm where your interest would be in terms of area of work**Northern Ireland Republic of Ireland Scotland England Wales All of the Above

Broad Scope of Materials/Services your company can offer	
<b>Maximum Value of Contract you can Deliver</b>	
Labour Resources	
<b>General Operatives</b>	
<b>Skilled Operatives</b> <i>(Details of trades etc)</i>	

Financial Details		
<b>Registered Office Address</b>		
<b>Annual Turnover Per Year</b>	<b>Year 1</b>	
	<b>Year 2</b>	
	<b>Year 3</b>	
<b>VAT No.</b>		
<b>Company Registration No.</b>		
<b>UTR No.</b>		
<b>National Insurance No.</b> <i>(If no Company Registration No. – Sole Traders Only)</i>		
<b>Tax Status</b>	<b>Gross / Net</b>	

Insurance Details	
Insurer Name	
Policy Expiration Date	
Amount of Employer Liability Cover	
Amount of Public Liability Cover	
<b>Please provide confirmation of cover</b>	

Health & Safety		
Do you have a Health and Safety Management System?	Yes	No
Is your System Third Party Registered e.g. Safe-T-Cert or OHAS 18001? (If yes please provide Certificate)	Yes	No
Are you willing to work within our H&S Management System?	Yes	No
Do you have a Health & Safety Policy? (If yes please provide H&S Statement)	Yes	No
Do you provide Safety Training for all Employees? (Please provide a copy of CSR CSCS/ Safe Pass Cards or appropriate training records for persons likely to be on Corramore Sites)	Yes	No
Do you have a procedure for reporting accidents, illnesses and dangerous occurrences? (please provide a copy of accident record for the last 3 years)	Yes	No
Have you had any enforcement actions from HSENI over the past 3 years? (If Yes, provide details)	Yes	No
Who is ultimately responsible for Health & Safety in your company?		
Do you have an in-house H&S Advisor or an outside Safety Consultant? (Please provide details of Advisor or Consultant)		

**Please note that for all new contracts you must provide a Site Specific Risk Assessment and Method Statement for your work and forward a copy of this to our office before commencement on site. Also take a copy to site.**

<b>Quality Information</b>		
<b>Do you have a Quality Management System?</b>	Yes	No
<b>Is your system Third Party Registered e.g. ISO 9001?</b> <i>(If Yes, please attach copy of certificate)</i>	Yes	No
<b>Are you willing to work within our Quality Management system?</b>	Yes	No

<b>Environmental Information</b>		
<b>Do you have an Environmental Management System?</b>	Yes	No
<b>Is your system Third Party Registered e.g. ISO 14001, EMAS or Other?</b> <i>(If Yes, please attach copy of certificate)</i>	Yes	No
<b>Are you willing to work within our Environmental Management system?</b>	Yes	No

**Declaration**

**The following declaration must be signed by the Subcontractor:**

I agree to comply and adhere to the requirements of all relevant Health and Safety, Quality and Environmental legislation and with the requirements of Corramore Procedures.

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Enclosed Documents**

Confirmation of Insurance Cover	<input type="checkbox"/>
Safe-T-Cert or OHAS Certificate	<input type="checkbox"/>
H&S Statement	<input type="checkbox"/>
CSR CSCS or Safe Pass Cards	<input type="checkbox"/>
Copy of Accident Record for last 3 years	<input type="checkbox"/>
Enforcement actions from HSENI details	<input type="checkbox"/>
Details of Advisor or Consultant	<input type="checkbox"/>
ISO 9001 Certificate	<input type="checkbox"/>
ISO 14001, EMAS or Other Certificate	<input type="checkbox"/>