**As part of our Health, Safety, Quality & Environmental Assurance systems we require the following information to assess your suitability to become one of our approved field team /subcontractors.**

Please complete all sections

* ***Indicates that evidence must be supplied with your application (These may be hard copy or electronic format)***

**GENERAL REGISTRATION**

|  |  |
| --- | --- |
| Company Name |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate the works that you would like to be engaged in for CDF Management Group Ltd. | Ground Maintenance /Soft  Landscaping | Construction / Hard Landscaping | Fencing Works | Gritting Maintenance |
| Tree Work (Ground Only) | Tree Work (Off Ground) | Electrical Arboriculture | Rail Arboriculture |
| Other: | | | |
| What is your geographical area of work e.g. Counties covered? |  | | | |
| Where did you hear about CDF Management Group Ltd? |  | | | |

**COMPANY NAME AND CONTACT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Address |  | | | |
| Contact Name and Job Title | Name: | | Job title: | |
| Contact Numbers | Telephone: | | Mobile: | |
| Email Address |  | | | |
| Website Address |  | | | |
| Company Type | Sole Trader | Partnership | Limited Company | Other (specify) |
| Do you have a Parent or Holding Company? | Yes\* | No | If yes, provide details: | |
| Are you part of a larger group? | Yes\* | No | If yes, provide details: | |
| Are you an associated company? | Yes\* | No | If yes, provide details: | |

**FINANCIAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Registration Number |  | | |
| VAT Registration Number |  | | |
| Unique Tax Reference\* |  | | |
| NI Number of Sole Trader/Partner |  | | |
| Turnover (Last 3 years) | Year ending:  Turnover: | Year ending:  Turnover: | Year ending:  Turnover: |
| Bank Details | Name of Bank: | | |
| Address (Inc. Post Code): | | |
| Account Name: | | |
| Account Number: | | |
| Bank Sort Code: | | |

*Please ensure that you have registered in the CIS scheme. If not, please call 0845 3667899 and request to join the scheme, all you will need is your UTR number along with your NI (if sole trader) Co Reg (if company) or Partnership No (if partnership) it will only take a few minutes of your time. This will then enable us to offer you extra works or construction work within your area when available.*

**INSURANCE INFORMATION**

Please provide policy numbers and values and enclose copy certificates to indicate types of work covered

(Values must exceed £5M - Note: some business areas require a minimum of £10Million cover)

|  |  |
| --- | --- |
| Employers Liability Certificate Number and Expiry Date\* |  |
| Public Liability Certificate Number and Expiry Date\* |  |
| Professional Indemnity (if held) |  |
| Other (please state) |  |

**NATURE OF BUSINESS/SCOPE OF WORK**

***Please indicate values of works undertaken.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Up to £100 | £101 - £500 | | £501 - £1000 | | £1001 - £5000 | | £5000 + | | 24 Hour availability? |
| Grounds Maintenance |  |  | |  | |  | |  | |  |
| Soft Landscaping |  |  | |  | |  | |  | |  |
| Hard Landscaping |  |  | |  | |  | |  | |  |
| Fencing |  |  | |  | |  | |  | |  |
| Tree Works |  |  | |  | |  | |  | |  |
| Gritting Maintenance |  |  | |  | |  | |  | |  |
| Other (please state) |  |  | |  | |  | |  | |  |
| Expected Hourly / rate per man? |  | | | | | | | | | |
| Expected Hourly / rate per team? |  | | | | | | | | | |
| Please provide examples of clients\* | Private: | | | | | Commercial: | | | | |
| Three professional references\* (please state Contact Name, Company Name, address and telephone number) | Reference 1: | | | | | | | | | |
|  | Reference 2: | | | | | | | | | |
|  | Reference 3: | | | | | | | | | |
| Do you hold any external accreditations? | CHAS | | Safe Contractor | | AA Approved Contractor | | Construction Line | | Please provide copies of  certificates and product codes where applicable\* | |
| ISO 9001 | | ISO14001 | | OHSAS 18001 | | Achilles UVDB | |
| Achilles Building Confidence | | Achilles Link-up | | Other- Please State | |  | |

**MANAGEMENT OF STAFF**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How many people do you employ? |  | | | |
| How many teams do you have? |  | | | |
| How many Operatives per team? |  | | | |
| What is your usual team number structure? e.g. supervisor and skilled operatives  (Some areas of the business require a specific team structure)\* | Supervisors | Ground worker | Labourer | Other |
|  |  |  |  |

**SUPERVISION OF STAFF**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you use trainees or young persons? | Yes | | No | | For example: A Young person is anyone under the age of 18 years old. |
| Are trainees directly supervised at all times by a person competent in the works being undertaken? | Yes | No | | N/A | For example, when a trainee (holding PA1) is applying pesticides using a hand held applicator a qualified and competent operator (holding PA1 and PA6) must act as the supervisor. |
| Do your supervisors receive any additional safety training? |  | | | | |
| Have you appointed a competent person (advisor, manager etc.) in health and safety? | *If YES, please give their name and position (and address if external consultant):* | | | | |
| Do you use overseas workers? | Yes | | No | | For example: Overseas workers whose first language is not English. |
| If you do use overseas workers or young persons, what additional arrangements are in place, e.g. training assessment, communication and translations |  | | | | |
| Do you use subcontractors or labour only resource for all or part of your work? | Yes\* | | No | | Using subcontractors is not permitted for field teams working on behalf of CDF Management Group Ltd unless specifically authorised. |
| Do you provide a mentoring process for new staff? | Yes | | No | | If yes, provide a copy of your mentoring process. |
| Do you provide drinking water, sun tan lotion, toilet facilities, etc for your employees while on site? | Yes | | No | |  |

**ACCIDENTS AND INCIDENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you record and investigate accidents? | Yes\* | No | | | If yes, please provide blank copy. |
| Has your company or associated company been the recipient of any Improvement or Prohibition notices from the Enforcement Authorities, or been subject to prosecution as a result of your company undertakings in the last 3 years, in respect of health, safety and welfare? | Yes\* | | No | If yes, please provide details. | |
| Who is responsible and carries out accident investigations within your company and what documentation is produced? | Name:  Position: | Documentation produced: | | | |
| Has your company received any HSE, Environment Agency or SEPA enforcement notices and/or prosecutions in the past three years? | Yes\* | No | | | If yes, please provide details. |
| Does your company have Safety Representatives (trade union or other)? | Yes\* | No | | | If yes, how often do they meet? |

**WASTE MANAGEMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| What are your arrangements for the disposal of waste generated by your work? |  | | | | | | |
| Do you hold a Waste Carrier’s Licence? | Yes\* | No | | | | If yes, provide details and copy of certificate. | |
| Are you licensed in the UK for work with asbestos? | Yes\* | | No | | If yes, provide details and copy of certificate. | | |
| How would you deal with a pollution incident on site? |  | | | | | | |
| Who provides you with pesticide advice? |  | | | | | | |
| In respect of pesticide advice, have you confirmed that the individual is BASIS qualified, and on the Professional Register? | Yes | | | No | | | N/A |

**EQUIPMENT & PPE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate the types of equipment you will have available should you be successful, e.g. mowers, strimmers, brush cutters, Chippers etc. | Strimmers | Brush cutters | | Pedestrian mowers | Ride on Mowers | | Chainsaws | Chippers | | Powered Pole Pruners |
| Other: | | | | | | | | | |
| Please provide an example of maintenance and inspection records for the items of equipment above\* |  | | | | | | | | | |
| Do you operate any specialist equipment, e.g. Grab-fed Chipper, Excavators? | Yes | | No | | | If yes, provide details: | | |  | |
| How often do you undertake equipment and machinery inspections? | Pre-start | | 6-monthly | | | Annual | | | Random | |
| Do you have a procedure for the issue, use and replacement of Personal Protective Equipment (PPE) | Yes\* | | No | | | If yes, provide details: | | | | |
| Do you maintain a record of issue and training for the correct use of PPE | Yes\* | | No | | | If yes, provide example copies of PPE issue records\*  (copies will also be requested from time to time) | | | | |
| Do you use any lifting and lowering equipment e.g. ropes, harnesses, lanyards, MEWP’s etc | Yes\* | | No | | | If yes, provide copies of LOLER inspection records\*  (copies will also be requested from time to time) | | | | |

**TRAINING AND COMPETENCE OF STAFF**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please provide evidence of training and/or competence for all employees that will be working on CDF Management Group Ltd contracts, e.g. certificates of competence, CSCS Cards, ROLO, Lantra & NPTC certificates\*  *(Please refer to the training guidance enclosed for basic entry qualifications)* | *Please note: you will be required to provide training records of ALL staff who will be working on behalf of CDF Management Group Ltd.* | | | | |
| Do you have a register of training, qualifications and experience for your staff? | Yes\* | No | | Please provide example evidence | |
| If you are unable to provide formal training certificates, please explain  staff experiences\* | *Please note: For basic ground maintenance entry level experience may be taken into consideration. However, all Arboricultural works will require competency certificates to be supplied for all employees working on CDF Management Group Ltd contracts.* | | | | |
| Are staff competency cards and training records carried at all times for inspection? | Yes\* | No | | Please provide example evidence | |
| **DBS (Disclosure & Barring Service) and CRB (Criminal Records Bureau)**  We sometimes carry out work which may be classed as a regulated activity and requires a disclosure.  Do you and your staff have any of the following? | Basic | | Standard | | Enhanced |
| If not, would you and your team be willing to complete checks if required? | Yes | | | No | |

**OTHER RELEVANT INFORMATION**

|  |  |
| --- | --- |
| Please provide details of any other information relevant to the questions you have answered in this section on a separate sheet if necessary |  |

**POLICY AND ORGANISATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a current written Health and Safety Policy? | Yes\* | No | If yes, provide copy |
| Do you have a current written Environmental Policy? | Yes\* | No | If yes, provide copy |
| Do you have a current written Quality Policy? | Yes\* | No | If yes, provide copy |
| Are you an Equal Opportunities Employer? | Yes\* | No | If yes, provide copy |
| Who is responsible for Health and Safety, Environment and Quality in your company? | Name: | | Position: |
| Who provides competent Health and Safety advice to your company? | Name: Qualifications:  Address: | | |
| Who provides competent Environmental advice to your company? | Name: Qualifications:  Address: | | |

**HEALTH & SAFETY ARRANGEMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| How do you communicate safety messages to your staff? |  | | |
| How do the on-site staff access safety and environmental information? |  | | |
| How do you ensure your supervisors and managers have a working knowledge of current legislations and standards that affect the work they undertake? |  | | |
| Does your company have an induction process for new starters? | Yes\* | No | If yes, provide details: |

**RISK ASSESSMENT AND METHOD STATEMENTS (RAMS and SSW)**

**You will be expected to prepare and supply us with copies of risk assessments. Method statements and safe systems of work before starting any work which involves exposure to significant hazards.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you carry out your own risk assessments? | Yes\* | No | If yes, provide a copy of completed document: | |
| How do you tell your staff about risk assessments and method statements |  | | | |
| Do you manage occupational health risks, e.g. noise, vibration, stress? | Yes\* | No | | If yes, provide details: |
| How do you know where your teams are each day? |  | | | |
| Do you carry out any internal audits? (please circle) | Yes\* | No | | If yes, provide copy of current audit plan and inspection form. |
| How do you consult with your staff on Health and Safety, Environmental and Quality issues? | Yes\* | No | | If yes, provide details: |

**SPECIALIST ENVIRONMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Does your company currently work under the Construction (Design and Management) Regulations (CDM)? (please circle) | Yes\* | No | If yes, provide details: |
| Does the company currently work in any other specialist environment? | Yes\* | No | If yes, provide details: |

|  |  |
| --- | --- |
| Please provide details of any other information relevant to the questions you have answered in this application. |  |

Once complete, please return this questionnaire to CDF Management Group Ltd for review including all required evidence.

CDF Management Group Ltd. Unit 7, Lye Valley Industrial Estate, Bromley Street, Stourbridge, West Midlands, DY9 8HX

0800 121 4644 / 01384 894307, cdfmgroup.co.uk, info@cdfmgroup.co.uk

I certify that the information I have supplied on this questionnaire is complete, accurate and true.

Name: ……………………………………………… Signature: ……………………………………………………….. Date:……………………………………………..

Position: …………………………………………… Tel No: ……………………………………………

*Thank you for completing this questionnaire. All information received will be treated as strictly private and confidential.*

**Company Name:**

**OFFICE USE ONLY**

**Initial Review**

Reviewed By: Date:

|  |  |  |
| --- | --- | --- |
| **Provide details of additional information requested from Field Team/Subcontractor** | Date Requested | Date Received |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Health & Safety Review**

Other:

Approved (circle / highlight as appropriate):

|  |  |  |  |
| --- | --- | --- | --- |
| Ground Maintenance /Soft Landscaping | Construction / Hard Landscaping | Fencing Works | Gritting Maintenance |
| Tree Work (Ground Only) | Tree Work (Off Ground) | Electrical Arboriculture | Rail Arboriculture |

Name: Signature: Date:

Position:

**Authorised Approval**

Name: Signature: Date:

Position: