

1. General Information

0												
Company name:												
Address:												
Telephone No:			Fax:					Email:				
Web Site:												
Contact details:												
Name		Position			Т	el No / Mobi	le No		Email			
Type of company:	II.											
PLC:		Ltd:			F	Partnership:			Sole tr	ader:		
Company Reg. No:							Labo	ur only:	Yes:		No:	
VAT No:												
CIS - Cert,type, Num	n, Exp:								UTR N	lo:		
Bank details:	,											
Name:						Branch:						
Account number:						Sort code:						
Address:												
Our standard payr	nent terms	are 45 da	ays and	d paymen	its are	made by c	heque	-				
Insurances:												
Insurance type		Cover lev	el					Expiry da	ate			
Employers Liability:												
Public Liability:												
Products Liability:												
Professional Indemn	ity:											
Contractors all Risks	:											
Others (please state):											
A copy of each certif	icate must l	be returned	l with th	nis form.								
Number of years est	ablished:											
If less than 5 years p	lease give	details of a	ny prev	vious regist	trations	s or other co	mpanie	es.				

ADDOC025A.DOT Page 1 of 9



Employee details:					
Office based direct:		Office based – a	gency / self employe	d:	
Site based supervisor	ory direct:	Site based supe	rvisory – agency / sel	f employed	
Site based operative	es direct:	Site based opera	atives – agency / self	employed:	
Details of annual to	urn over for the last	3 years.			
Year		Turnover		No of projects comple	eted
Are you currently i details:	n dispute with any N	Main / Principle Contr	actor or Supplier / \$	Sub Contractor? If ye	es please give
Have you commer	nced any legal actio	n / adjudication proce	edures within the la	st 5 years? If yes ple	ease give details:
2. Project Inform	nation				
Maximum project va	lue capable of being u	ındertaken:			
Minimum value of pr	ojects capable of beir	ng undertaken:			
Market sectors: Pl	ease select the marke	et sectors that you have	had experience in w	orking in and would be	e willing to work in the
Retail:		Commercial:		Industrial:	
Residential:		Education – private:		Education - public	
Health - public:		Health – private:		Leisure:	
Infrastructure:		Public general:		Prisons:	
Regional areas: P	lease select the regio	nal areas that you are a	able to work in.		
East Anglia:		Midlands:		Nationwide:	
North:		North East:		North West:	

ADDOC025A.DOT Page 2 of 9



		Τ		T	
Scotland:		South:		South East:	
South West:		Wales:		Ireland / N. Ireland:	
Trades / Services: plumbing etc)	Please list in the box	xes below the trades /	services that you will u	undertake, (i.e. carpen	try, ceiling fixing,
Design: Do you ha	ve design capability,	f yes please give detai	ls and qualifications o	f your designer / desig	ın team.
Previous work und	lertaken for Longcr	oss: Please give deta	ls.		
Project name	Year	Description of work	s undertaken		
References: Pleas	se supply at least 2.				
Name:		Company:		Contact no:	
Address:		, I		<u> </u>	
Name:		Company:	(Contact no:	
Address:					
Please supply copie Waste, Asbestos Lic	s of certificates of as ence, CSCS / CPCS	sociation of Governing / IPAF / CISRS Cards	Bodies, i.e. NICEIC,	& part P, Corgi & par	t P, Licence to carry
3 Quality 9 Ess	vironmontal Mana	agomont			
	vironmental Mana				
Do you operate a Qu	uality Management Sy	/stem: N	o:	Yes:	

ADDOC025A.DOT Page 3 of 9





If yes, to what standard are you certified and what is the name of the registration body. Please return a this form.	copy of the	certificate
If no, do you operate your own internal quality management system? Yes:	0:	
If yes, please supply a copy of your in house quality procedures / system.		
Provide details of your approach to sustainability and how you manage the social and enviro your projects (maximum 150 words).	nmental in	npacts of
	Yes	No
Please submit a copy of your environmental policy.	Yes	No
Please submit a copy of your sustainable procurement policy.		
s your organisation certified to either EMAS or ISO14001 or BS 8555? (Please attach certificate).	Yes	No
f not certified please indicate when you expect to achieve certification.		
Has your company over the past 5 years been or is in the process of being investigated/prosecuted for any Environmental offence?	Yes	No
Has your company over the past 5 years been or is in the process of having any Civil action brought against it for any Environmental offence?	Yes	No
Does your company have agreements with suppliers who provide materials from accredited sustainable sources (such as FSC chain of custody certification)? Please attach details.	Yes	No
	- I	
Please provide details of any environmental associations which you are a member of.		
Please provide details of any environmental associations which you are a member of. Please outline any initiatives your company has undertaken to promote sustainability and encourage of resources. (if none, state 'none').	onservation	of natural
Please outline any initiatives your company has undertaken to promote sustainability and encourage co	onservation	of natural

ADDOC025A.DOT Page 4 of 9



4. Health & Safety

CSCS – confirm No of employe	ees registered for a	CSCS card (or equivalent): Pl	ease provided a	register	
Do you employ a H&S adviser:	Yes:			No:		
Do you use external H&S advis	sers: Yes:			No:		
If yes, please submit the name	, qualifications and	experience of	the persons / co	ompany with this	form.	
Do you have a H&S policy mar	nual: Yes:			No:		
If yes please supply a signed &					v with CDM 200	7
Trodoc explain solow your arra					y with OBW 200	
Director with H&S Responsi	ibility: Please prov	ide the details	s of the person re	esponsible for H&	&S within your o	ganisation.
Name	Position		Tel & Mobile N	No	Email	
Name	FUSITION		Tel & MODILE I			
Name	FOSITION		Tel & WODIIe I			
Competency: Please outline		e competency				
		e competency				
		e competency				
		e competency				
Competency: Please outline	how you ensure the		of your staff and	l operatives in re	spect to H&S.	NEBOSH
	how you ensure the		of your staff and			NEBOSH
Competency: Please outline What H&S qualifications do you Please tick as appropriate.	how you ensure the		of your staff and	l operatives in re	spect to H&S.	NEBOSH
Competency: Please outline What H&S qualifications do your Please tick as appropriate. Monitoring, Audit & Review	how you ensure the	agers hold?	of your staff and	l operatives in re	spect to H&S.	NEBOSH
Competency: Please outline What H&S qualifications do you Please tick as appropriate.	how you ensure the	agers hold?	of your staff and	l operatives in re	spect to H&S.	NEBOSH
Competency: Please outline What H&S qualifications do you Please tick as appropriate. Monitoring, Audit & Review Is your Health & Safety Manag	how you ensure the	agers hold?	CSCS Other	SMSTS	spect to H&S. S/NVQ No	
Competency: Please outline What H&S qualifications do you Please tick as appropriate. Monitoring, Audit & Review Is your Health & Safety Manag ISO 18001? Tick as appropria	how you ensure the	agers hold?	CSCS Other	SMSTS	spect to H&S. S/NVQ No	
Competency: Please outline What H&S qualifications do you Please tick as appropriate. Monitoring, Audit & Review Is your Health & Safety Manag ISO 18001? Tick as appropria	how you ensure the	agers hold?	CSCS Other	SMSTS	spect to H&S. S/NVQ No	
Competency: Please outline What H&S qualifications do you Please tick as appropriate. Monitoring, Audit & Review Is your Health & Safety Manag ISO 18001? Tick as appropria	how you ensure the	agers hold?	CSCS Other	SMSTS	spect to H&S. S/NVQ No	

ADDOC025A.DOT Page 5 of 9



Please describe below how you consult with your workforce in relation to H&S									
Please describe below how yo	Please describe below how you co-ordinate your activities with other contractors in relation to H&S matters								
Please describe below any ac Principal Contractor in accord	dditional welfare requirements that ance with CDM.	t your work may require over and	l above that supplied by the						
Please describe below how you Assessments and Health Che	ou manage and monitor the Occup cks etc.	pational Health of your workforce	, i.e. HAV's Register, Noise						
Please describe below how yo	ou record and investigate acciden	ts and incidents							
Please provide details of all R	IDDOR reportable accidents for the	he last three years							
Type of Accident	Current Year	Last year	Previous year						
Fatal									
Major									
Over three day									
Minors									

What Risk Assessments do you carry out in connection with your business activities in order to comply with your statutory duties? Please list below. Please provide an example of a recent Risk Assessment relating to a typical work activity.

ADDOC025A.DOT Page 6 of 9



Assessments						
Has your company received any of the	following in the	last 3 years:				
Fines or convictions:	Yes		No			
Prohibition notices:	Yes		No			
Improvement notices:	Yes		No			
'						
If 'Yes' please provide details with	your response					
Health & Safety performance awar	ds:					
Has you organisation ever been present	nted with a H&S	performance award	d: Yes	No		
If yes, please provide details.						
H&S Organisations:						
If your company is a member of any H	&S organisation	s such as ROSPA,	The British Safety	y Council, please pro	ovide	details.
Sub Contractors:						
Does your organisation sub let any of i	ts operations:	Yes		No		·

If yes, please provide a copy of your formal procedures for assessing the sub contractors competency.

Before any person is allowed to work on any project it will be necessary for the employer or self employed person to provide copies of any certificates in relation to any trade qualification as proof that they hold the necessary accreditation and qualification to undertake that particular trade. No person will be allowed to operate any equipment, erect any scaffold or change any abrasive or straight sided cutting off wheels until they have produced evidence that shows they have received the necessary information, instruction & training. These will need to be shown following the induction process.

Sub Contractors involved in work on electrical circuits:

Please provide copies of your Code of Practice (COP) for Safe working on LV systems. If you do not have any such documentation you will work to the LX Engineering COP.

ADDOC025A.DOT Page 7 of 9



5.	Declarations
De	claration for organisations employing 4 persons or less

I further confirm that any operations carried out by this organisation on any project under the control of a Longcross Construction Ltd company will be conducted in such a way that it complies fully with the Statute law and associated guidance, HSE guidelines, relevant standards and codes of practice.

I undertake to notify Longcross Construction to the above company's organisational structures, which will change the validity of this declaration.

Name	Position	Signature	Date

Declaration	for	all	organisations	S
-------------	-----	-----	---------------	---

Name	Position	Signature	Date

6. For office use only

Approval

This company has been approved by the following people to be added to be added to the Longcross approved supplier database.

Name	Position	Signature	Date	Approved	Not approved
	Health and Safety Manager				
	Commercial Manager				
	Operations Manager				
	Environmental Manager				
	Accounts Manager				

If any of the above named people have not approved this company please give a brief synopsis of your reasons below.

ADDOC025A.DOT Page 8 of 9



ADDOC025A.DOT Page 9 of 9