



Approved List of Contractors Procedure

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Owner:	Jackie O'Neill	Job Title:	Head of Property Management
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Approved List of Contractors Procedure

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1.0 Introduction

To ensure that we are able to provide the range of reactive maintenance services to our service users, tenants and projects we will maintain an Approved List of Contractors covering the relevant trades and the geographical areas we operate in. In the more rural or remoter areas we will normally seek to appoint contractors offering an 'all trades' service where possible, while in the more urban areas we will may seek to appoint contractors specialising in an individual trade.

This procedure describes how we will:

- process and approve applications to be added to the Approved List;
- carry out an annual review of contractors currently on the Approved List;
- remove contractors from the Approved List, either as part of an annual review or as the result of poor performance.

This procedure supports our Maintenance policy (M01), and complies with the Scottish Social Housing Charter.

2.0 Adding a Contractor to the Approved List

2.1 Process background

The process to add a contractor to the list may start with:

- a general enquiry from a contractor, by phone, email or letter;
- specific action by Maintenance staff, for example because there is a need to provide, or add to, a service in a specific area of the country, including:
 - o sourcing potential contractors via the internet;
 - o contacting other Housing Associations for recommendations;
 - o recommendations from local project staff or other contractors.

Where a contractor contacts our office but we do not need their services at present the Maintenance Staff will advise them of this. Where the enquiry is by letter we shall reply in writing (see Appendix 1).

2.2 Application pack

Where it is decided to invite a contractor to apply for inclusion on the Approved List, the Maintenance Officer (MO) will issue the application pack with a covering letter (Appendix 2).

The application pack will comprise:

- Application Form
- Equal Opportunities Statement, for Contractors without their own policy
- Declaration regarding Schedule 7 of the Housing (Scotland) Act 2001
- Data Protection Statement
- List of service areas – to indicate availability
- Information sheet on Right to Repair

These items may be found in the following folder on the system:

Maintenance\Maintenance Folder\((Year) Files\Contractors\Contractors Approved List\Application Pack

2.3 Assessing the application

The MO will check the returned application form and signed declarations, and will contact the contractor if required to clarify any queries.

If it is decided at this stage that the contractor does not meet our criteria or standards, the MO will advise them in writing that they will not be added to the List (Appendix 3).

If it is decided to consider the application the MO will contact one or more of the other organisations listed by the contractor on the Application Form for a reference. Normally this will be done in writing (Appendix 4) but where there is insufficient time (e.g. due to an urgent need to make an appointment) or where it is more effective to do so, a reference by phone will be sought. A file note will be made of any verbal reference and this will be signed and dated by the relevant staff member.

2.4 Approving / not approving and application

The application and references will be considered by the Head of Property Management (HOPM) and MO. **Where it is considered that the contractor should be added to the List the final stage will be an interview carried out by the SMO and MO. The MO will ensure that brief notes of the points covered at the interview are added to the relevant file.**

The HOPM will decide whether or not the contractor should be added to the Approved List. If the decision is to not approve the application the MO will write to advise the applicant (Appendix 3). The application form and related papers will be retained for 3 months following the date of the letter and then they will be destroyed.

If the application is approved the MO will advise the applicant in writing (Appendix 5) stating that:

- their details will be passed to the Finance Department who will contact the contractor for their bank details;
- confirming that being on the Approved List does not guarantee any level of works orders from ARK;
- inclusion on the List is subject to a review of their performance during the first 6 months, and on an annual basis thereafter.

The letter will include the current Standard Conditions applying to the appointment, filepath: Maintenance\Maintenance Folder\((Year) Files\Contractors\Contractors Approved List\Standard letters & forms\Appendix 5 – Standard Conditions

The MO will complete a New Supplier Form and pass this to the designated Finance Officer who will add the contractor to the Open Finance (Capita) system and contact them for their bank details for payment of invoices.

Excel form – filepath:

Maintenance\Maintenance Folder\((Year) Files\Contractors\Contractors Approved List\Standard letters & forms\New Supplier Form

3.0 Review of Approved List of Contractors

3.1 Subheading (Can be copied to other sections)

During the first 6 months following their addition to the List, a contractor will be allocated a range of repair work so that their performance may be monitored. The MO will raise any concerns or queries regarding performance with the contractor as these arise, and will clarify as required the standards that need to be met to ensure continued inclusion.

At the end of the initial period the MO will:

- complete the initial Contractor Performance Review Form (Appendix 6)
- review the overall performance with the contractor
- decide whether or not the contractor should remain on the List.

The MO will write to the contractor to advise them of the decision (Appendix 7 if continuing on the List, Appendix 8 if the trial period is being extended & Appendix 9 if not continuing).

If the decision is to remove the contractor from the List the MO will advise the Finance Officer by email and, with the MO, will ensure that relevant files and lists – hard copy and on the system - are updated.

On the system, the former contractor's details will be added to the 'former contractors' database (Excel spreadsheet) listing their name & address, main trade(s), area(s) covered, reason for removal and date of removal.

Paper copies of the contractor's application form etc. will be held for 3 months following the decision to remove them from the List, following which they will be destroyed.

3.2 Ongoing reviews

At least every 2 or 3 months the MO will meet with each contractor as part of the ongoing review of their performance.

In the remoter areas meetings will normally take place in conjunction with a visit to a property or group of properties to discuss specific work. In the central area meetings may also take place on site, or may be held at Head Office.

The MO will ensure that a file note is made of the points covered at any meeting and that, where required, any action agreed is followed up.

3.3 Annual review

An annual review of all current contractors on the Approved List will be carried out, normally in June and July.

The first part of the exercise will be to review the current List, identify any contractors that have not been used in the past year, and decide whether or not to keep them on the List.

If the decision is to remove the contractor from the List because they will not be offered any more work, and they are not needed as 'back up' to a principal contractor etc., the MO will write to advise them of this (Appendix 10).

The second part of the review will comprise an internal assessment of each contractor's performance from the internal data held (including any comments received from service users, tenants or project staff) plus an assessment of information requested from each contractor.

The HOPM will write to each contractor (Appendix 11 or 12 depending on the size of contractor) enclosing, where appropriate:

- a reminder of the standards expected with regard to specific items, e.g. proof of identity, achievement of target dates, submission of invoices;
- a request for current details of the trade(s) covered, number of tradesmen for each trade and the hourly rate;
- background information on health & safety matters and a health & safety questionnaire which includes a request for a copy of current insurances.

In the case of small contractors, only the reminder of standards will be sent and a copy of their current insurances requested.

Contractors will be advised that if they wish to remain on our List they should provide the information requested by a specified date.

The HOPM/MO will review the replies and follow up any queries with the contractor concerned. Where required the HOPM/MO will meet with a contractor to discuss any concerns or other matters before completing the review.

The SMO, in consultation with the MO, will complete a Contractor Performance Review Form (Appendix 6) and from the information provided and an assessment of the contractor's overall performance, will decide if the contractor should remain on the List.

The MO will write to each contractor to advise them of the decision (Appendix 13 if continuing, Appendix 14 if not continuing, giving reasons).

Where a contractor is removed from the List the MO will email the Finance Officer and in liaison with the MA, will ensure that relevant files - on the system and paper copies - are updated.

On the system, the contractor's details will be added to the 'former contractors' database (Excel spreadsheet) listing their name & address, main trade(s), area(s) covered, reason for removal and date of removal.

Paper files relating to the contractor will be held for 3 months following the decision to remove them from the List, following which they will be destroyed.

4.0 Equality Impact Assessment (E.I.A.)

There are no negative equality implications identified in relation to the revision of this procedure document, consequently an E.I.A. has not been completed.

5.0 Data Protection Impact Assessment (D.P.I.A.)

The potential data protection impact assessment implications around the collection of personal data which has been identified in relation to the revision of this procedure and have been addressed in the departments D.P.I.A.

6.0 Monitoring and Review

6.1 Monitoring

ARK's Executive and Senior Leadership Teams will monitor implementation of this policy, and its supporting procedure, on an ongoing basis.

6.2 Review

This policy will be reviewed within 3 years from the date of approval by our Board of Management, in accordance with ARK's policy review framework.

Appendix 1 – Contractor services not required

Our Ref: APP/AJT

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF CONTRACTORS

Thank you for your recent enquiry with regard to carrying out work for ARK Housing Association.

I regret to inform you that at this time we are not considering new applications to our contractors' list.

Yours sincerely,

<<NAME>>
Maintenance Officer

Appendix 2 – Cover letter for new applications

Our Ref: APP

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

1 July 2021

Dear Sir

APPROVED LIST OF CONTRACTORS

I refer to your request to be added to our list of Approved Contractors. To be considered, please read all the information enclosed with this letter then complete the following items and return them to me as soon as possible:

1. **Application Form:** Please complete all the sections that apply to your company. If a question or section does not apply to you – enter N/A.
2. **Equal Opportunities:** If you do not have your own Equal Opportunities policy, please read and sign the Equal Opportunities Statement.
3. **Declaration regarding Schedule 7 of the Housing (Scotland) Act 2001:** This is required so we can comply with the law governing Housing Associations. If you need more details about this please contact me.
4. **Data Protection Statement:** This is required so we can comply with the Data Protection Act 1998. Please read and sign this.
5. **Areas List:** Please complete and return this to indicate the areas you wish to carry out work.

When returning the completed Application Pack, **it is important that you enclose a copy of your current insurances and your Health and Safety Policy.** We will not be able to consider your application without these.

If your application is approved, we will send you a copy of our Conditions of Contract with the approval letter. If you would like to see the Conditions before completing the Application Form, please contact me for a copy.

If you have any questions about any of the enclosed items, please contact me at the address below. Please also note that inclusion on our Approved List does not guarantee any particular level of works orders being issued by ARK Housing Association.

Yours faithfully

<<NAME>>
Maintenance Officer

Appendix 3 – Application not approved

Our Ref: APP

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF MAINTENANCE CONTRACTORS

I refer to your recent application to join our Approved List of Contractors.

Having considered the information you have provided I am writing to advise you that we have decided not to approve your application.

This is because [enter reason(s)]

Yours sincerely,

<<NAME>>
Maintenance Officer

Appendix 4 – Reference request and questionnaire

Our Ref: APP/REF

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF CONTRACTORS

We are considering an application from the company listed below to be added to our Approved List of Contractors for repairs and maintenance services.

[Company name]
[Company address]

We have been given your name as a referee, and to help us assess this application would be grateful if you would complete the attached short questionnaire and return it in the reply envelope enclosed.

If you would prefer to discuss this reference please contact me on 0131 478 8143.

It would be helpful to have your response by [Date].

Yours sincerely,

<<NAME>>
Maintenance Officer



CONFIDENTIAL

REFERENCE FOR:

(Contractor's name)

Please give details of the type of work this company has carried out for you, for example, routine (reactive) repairs, emergency repairs, cyclical maintenance (e.g. painting), minor works, planned maintenance (e.g. replacement windows, doors, bathrooms, heating systems etc.) and the length of time they have worked for you. If they are still working for you enter 'N/A' in the last column.

TYPE OF WORK	YEAR FIRST APPOINTED	YEAR APPOINTMENT ENDED/STILL WORKING?

PERFORMANCE (Please tick the most appropriate box opposite each item, where applicable)

ITEM	POOR	ADEQUATE	GOOD	EXCELLENT
Quality/standard of workmanship				
Tidiness/neatness of work				
Behaviour/appearance of operatives				
Quality of management/supervision				
Achievement of target repair times				
Relationship with staff				
Provision of out-of-hours service				
Response to complaints				
Compliance with safety regulations				

Appendix 5 – Successful application letter

Our Ref: APP/APPROVED

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF MAINTENANCE CONTRACTORS

I refer to your recent application to join our Approved List of Contractors and am pleased to advise you that this has been approved.

You will be included on our list for a trial period of 6 months in the first instance, to enable us to monitor the standards of your work, achievement of our target response times etc. During this period we will try to ensure that you are allocated a reasonable sample of work, and we will hold at least one review meeting with you. At the end of the 6 month period we will confirm whether or not you will remain on our list, whether the trial period is being extended, or whether you will be removed from the list.

Continuation on our list will be subject to ongoing review of your performance, including a formal annual review. Being on our list will not guarantee your company any specific amount of work.

Enclosed is a copy of our standard conditions applying to this appointment, including our current target response times for specific types of repairs. If you have any questions about these conditions please contact me as soon as possible.

Your details will be passed to our Finance department who will contact you for your bank details, to enable payment arrangements to be set up.

Please confirm your acceptance of the terms of this letter and the enclosed standard conditions by signing and returning the enclosed copy within 1 week of receipt.

Yours sincerely,

<<NAME>>
Maintenance Officer

I confirm our acceptance of the terms of the above letter. I have read the enclosed standard conditions and confirm that we will comply with all relevant sections.

Signed: _____ Position: _____

On behalf of (*Company name*) _____

Appendix 6 – Contractors performance review form

CONTRACTOR’S PERFORMANCE REVIEW FORM

Contractor’s name: _____

Trade(s) provided: _____

Date added to list: _____ Reason for review: _____

Performance review – circle the appropriate score

[1 – Excellent 2 – Good 3 – Satisfactory 4 – Poor 5 – Very poor]

Quality of workmanship	1	2	3	4	5
Tidiness / neatness of work	1	2	3	4	5
Politeness / appearance / behaviour of operatives	1	2	3	4	5
Quality of management / supervision	1	2	3	4	5
Achievement of target repair times	1	2	3	4	5
Relationship with tenants	1	2	3	4	5
Relationship with staff	1	2	3	4	5
Provision of out-of-hours service (if applicable)	1	2	3	4	5
Provision of works completion information	1	2	3	4	5
Response to complaints (if applicable)	1	2	3	4	5
Compliance with safety regulations	1	2	3	4	5
Other _____	1	2	3	4	5
Other _____	1	2	3	4	5

Have there been any complaints from tenants about this contractor’s

workmanship and/or the behaviour or attitude of any operatives? YES NO

If ‘Yes’, were these resolved satisfactorily? YES NO

Additional comments (continue overleaf if required)

Decision (* Delete whichever does not apply)

- 1) Retain on list* 2) Trial period extended* 3) Remove from list*

Signed _____ Maintenance Officer Date _____

Approved _____ Senior Maint. Off. Date _____

Appendix 7 – Six month review - Successful

Our Ref: APP/REVIEW1

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF MAINTENANCE CONTRACTORS

Following your initial 6-month trial period I am writing to advise you that your standard of work has been satisfactory and that you have met all other performance requirements.

I am pleased to confirm therefore that you will be retained on our list of maintenance contractors, subject to the following conditions:

- a) You continue to meet our service standards and conditions of contract.
- b) A satisfactory annual review of performance.

Continuation on our list does not guarantee your company any specific amount of work.

Please confirm your acceptance of these terms in writing within 2 weeks of receipt of this letter.

Yours sincerely,

<<NAME>>
Maintenance Officer

Appendix 8 – Six month review – Extension to trail period

Our Ref: APP/REVIEW2

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF MAINTENANCE CONTRACTORS

I refer to our recent meeting to review your performance during your initial trial period and am writing to confirm our decision that your trial has been extended for a further 6 month period as it has not been possible to allocate you sufficient work to enable us to carry out a satisfactory review of your performance.

A further review meeting will be held towards the end of this additional period.

Yours sincerely,

<<NAME>>
Maintenance Officer

Appendix 9 – Six month review – Unsuccessful

Our Ref: APP/REVIEW3

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF MAINTENANCE CONTRACTORS

I refer to our recent meeting to review your performance during your initial trial period and am writing to confirm our decision that your company will not be continuing on our list of maintenance contractors.

This is because [enter reason(s)]

If you wish to discuss any aspect of this letter please contact me at the address below.

Yours sincerely,

<<NAME>>
Maintenance Officer

Appendix 10 – Removal from Approved List – Unused contractor

Our Ref: APP/REVIEW4

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF MAINTENANCE CONTRACTORS

We carry out an annual review of our Approved List of Maintenance Contractors, and as part of that review we have noted that we have not issued any works order to your company in the past year.

Having considered our current and likely future requirements we feel that it is unlikely that we will issue any work to you in the coming year, and I am writing to advise you that we have decided to remove your company from our Approved List.

If you wish to discuss any aspect of this letter please contact me at the address below.

Yours sincerely,

<<NAME>>
Maintenance Officer

Appendix 11 – Annual Review cover letter (1)

Ref: APP/REVIEW5

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

01 July 2021

Dear «Title» «Contact_Surname»

APPROVED LIST OF CONTRACTORS - ANNUAL REVIEW

As part of an annual review of all our Maintenance Contractors, enclosed please find the following:

Annex 1: Information on the standards we require from Contractors with regard to:

- Submission of invoices, with a sample Contractor's copy of our Works Order
- Target dates
- Proof of identity

Annex 2: An update questionnaire on your current costs – for completion and return.

Annex 3: A statement on Contractor's Health & Safety responsibilities and a Health & Safety questionnaire for completion and return, together with copies of the relevant documents requested, in particular a copy of your current insurances.

This information is requested from all contractors used by ARK Housing Association on an annual basis, and covers all forms of works such as breakdown, planned and cyclical maintenance, voids, upgradings / refurbishment, new build and all statutory work.

If you have any questions or queries with regard to this information, or if we can help in clarifying what you need to send us, please contact our office. If you feel any of the sections are not relevant to you, please indicate with N/A.

If you wish to remain on our Approved List, please complete and return the questionnaires with photocopies of all the appropriate documents by «date» at the latest.

Many thanks,

<<NAME>>
Senior Maintenance Officer

Appendix 12 – Annual Review cover letter (2)

Ref: APP/REVIEW6

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

01 July 2021

Dear «Title» «Contact_Surname»

APPROVED LIST OF CONTRACTORS - ANNUAL REVIEW

As part of an annual review of all our Maintenance Contractors, enclosed please find the following:

Annex 1: Information on the standards we require from Contractors with regard to:

- Submission of invoices, with a sample Contractor's copy of our Works Order
- Target dates
- Proof of identity

Annex 2: An update questionnaire on your current costs – for completion and return.

As part of the review we also require a copy of your **current insurances** and your **health & safety policy**.

This information is requested from all contractors used by ARK Housing Association on an annual basis, and covers all forms of works such as breakdown, planned and cyclical maintenance, voids, upgradings / refurbishment, new build and all statutory work.

If you have any questions or queries with regard to this information, or if we can help in clarifying what you need to send us, please contact our office.

If you wish to remain on our Approved List, please complete and return the questionnaires with photocopies of all the appropriate documents by «date» at the latest.

Please note – we will **not** be able to issue works orders to any company where we do not have confirmation of current insurances.

Many thanks,

<<NAME>>
Senior Maintenance

Appendix 13 – Performance meeting – Keep contractor on list

APP/REVIEW7

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF MAINTENANCE CONTRACTORS - ANNUAL REVIEW

I refer to our recent meeting to review your performance and am writing to confirm our decision that you will be retained on our list of maintenance contractors, subject to the following conditions:

- a) You continue to meet our service standards and conditions of contract.
- b) You continue to hold adequate insurance cover and provide us with copies of your current insurances promptly when requested.
- c) A satisfactory annual review of performance.

Continuation on our list does not guarantee your company any specific amount of work.

Please confirm your acceptance of these terms in writing within 2 weeks of receipt of this letter.

Yours sincerely,

<<NAME>>
Maintenance Officer

Appendix 14 – Performance meeting – Remove contractor from list

APP/REVIEW7

«Title» «Contact_First_Name» «Contact_Surname»
«Name_of_Company»
«Address_1»
«Address_2»
«Town»
«Post_Code»

[Date]

Dear «Title» «Contact_Surname»

APPROVED LIST OF MAINTENANCE CONTRACTORS - ANNUAL REVIEW

I refer to our recent meeting to review your performance and am writing to confirm our decision that your company will be removed from our list of maintenance contractors.

This is because [enter reason(s)]

If you wish to appeal against this decision, you should write to Norrie MacPhail, Asset Manager, within 2 weeks of the date of this letter, giving full reasons for your appeal.

Yours sincerely,

<<NAME>>
Maintenance Officer

Appendix 15 – Application pack

ARK HA – APPROVED LIST OF CONTRACTORS - APPLICATION FORM					
CONTRACTOR'S NAME:			CONTRACTOR'S ADDRESS:		
TELEPHONE NO:					
FAX NO:			E-MAIL ADDRESS:		
DIRECTORS NAME(S):			WORKSHOP ADDRESS (if applicable)		
			TEL NO:		
BANKERS NAME & ADDRESS			COMPANY REGISTERED ADDRESS:		
			COMPANY REGISTRATION DATE:		
TRADES AVAILABLE	NUMBER OF TRADESMEN	HOURLY RATE**	TRADES AVAILABLE	NUMBER OF TRADESMEN	HOURLY RATE**
BUILDERS			GLAZIERS		
ELECTRICIANS			HEATING ENGINEERS		
DOMESTIC APPLIANCE ENGINEERS			JOINERS		
DOOR ENTRY ENGINEERS			LABOURERS		
DRAINAGE OPERATIVES			PAINTERS		
FENCERS			PLASTERERS		
FIRE ALARM ENGINEERS			PLUMBERS		
FLOORERS			ROOFERS		
GARDENERS			WARDEN CALL ENGINEERS		
**PLEASE NOTE THAT THE ABOVE RATES ARE FOR ON SITE TIME AND SHOULD INCLUDE ALL TRAVEL COSTS BUT NOT INCLUDE VAT					
Total Number of Employees:					
DO YOU PROVIDE:			HOURLY COSTS FOR OUT OF OFFICE HOURS CALL OUT		
[Circle one that applies]					
a) 24hour Call Out availability?			YES / NO / N/A		

b) An 'out of hours' service – not 24 hrs YES / NO / N/A If 'yes' – what hours do you cover?	COSTS FOR PLANT AND MATERIALS
---	-------------------------------

**Please continue overleaf.
APPLICATION FORM (cont'd)**

PLEASE LIST THE NAMES OF SIMILAR ORGANISATIONS YOU ARE CURRENTLY WORKING FOR: (if applicable)

PLEASE LIST ANY TRADE ACCREDITATIONS AND/OR ORGANISATIONS YOU ARE A MEMBER OF OR ARE AFFILIATED TO:

PLEASE ENCLOSE COPIES OF THE FOLLOWING: CURRENT COMPANY INSURANCE CERTIFICATE(S) HEALTH & SAFETY POLICY OR STATEMENT COMPANY EQUAL OPPORTUNITIES POLICY/STATEMENT (Or see attached)	Enclosed YES / NO * YES / NO * YES / NO *
IF ANY OF THESE ITEMS ARE NOT ENCLOSED PLEASE EXPLAIN WHY ON A SEPARATE SHEET [*Circle one]	

HAVE ANY OF YOUR EMPLOYEES HAD AN ACCIDENT AT WORK IN THE LAST 3 YEARS THAT RESULTED IN TIME OFF WORK? YES / NO*

IF 'YES' HOW MANY ACCIDENTS/INCIDENTS? _____ TOTAL NO. OF DAYS LOST? _____

DID THE HEALTH & SAFETY EXECUTIVE INVESTIGATE ANY ACCIDENT/INCIDENT? YES / NO*

IF 'YES', STATE IF HSE ISSUED AN IMPROVEMENT AND/OR PROHIBITION NOTICE, OR GIVE DETAILS OF ANY OTHER ACTION TAKEN:

If you need more space to answer any of these questions or to provide additional information please use a separate sheet and attach it to this application.

I confirm that I have answered all the relevant questions and have provided the required information as accurately as possible, to enable this application to be assessed.

Signed: _____ Date _____

Name: _____ Title: _____