



Date of Issue:

**SUB-CONTRACTOR PROFILE**  
(Please complete all sections)

**SECTION A: PAYMENT PROCESSING INFORMATION**

**(1) Contact Details** (Please amend details if the above are incorrect)

Full Trading Name	<input type="text"/>	Tel No	<input type="text"/>
Trading Address	<input type="text"/>	Fax No	<input type="text"/>
	<input type="text"/>	Contact	<input type="text"/>
	<input type="text"/>	Mobile	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>

**(2) Type of Business**

Trade

**(3) Construction Industry Scheme 2007**

NB Please attach copy CIS 365

Business (please tick)	Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	
	Partnership <input type="checkbox"/>	Outside Scope <input type="checkbox"/>	
UTR No.	<input type="text"/>		
Company Registration No.	<input type="text"/>		
N.I. No. (Sole Trader)	<input type="text"/>		

**(4) Partnership Details**

Name	<input type="text"/>	N.I. No.	<input type="text"/>
Individual UTR No.	<input type="text"/>		
Name	<input type="text"/>	N.I. No.	<input type="text"/>
Individual UTR No.	<input type="text"/>		
Partnership UTR No.	<input type="text"/>		

**SECTION A: PAYMENT PROCESSING INFORMATION (Cont'd)**

**(5) VAT Registration**

VAT Reg. No.    (if applicable)

**(6) Public Liability Insurance**

NB Please attach copy Insurance Certificate

Insurers  Expiry date   
Certificate No.  Cover  £

**(7) Employers Liability Insurance**

NB Please attach copy Insurance Certificate

Insurers  Expiry date   
Certificate No.  Cover  £

**(8) Contractors All Risk Insurance**

NB Please attach copy Insurance Certificate

Insurers  Expiry date   
Certificate No.  Cover  £

**(9) Bank Details**

NB Payments made via BACS direct to Bank

Bank Name  Sort Code   
Account Name  A/C No.   
\* Factor Address  (if remittance advice required)  
  
\* Pay to factor?  No  Yes Factor Name \*

**OFFICE USE ONLY: (Please leave blank)**

Account No.

Verification No.

Tax Treatment **Gross**  **Nett**

Date Verified

Verified By

**SECTION B: CONTRACT INFORMATION (Please complete all relevant Sections)**

(1) Type of Work Undertaken

(2) Preferred Range of Contracts  £ to  £

(3) Geographical Area of Operations

(4) List of Previously Completed Contracts with name of Client/Value/Date Completed

(5) Present Value of Contracts  £

(6) Names, Addresses & Telephone Numbers of at least Two Consultants/Contractors from whom a Reference may be obtained

(7) Are you familiar with JCT Forms of Contract? YES  NO

**SECTION C: EQUAL OPPORTUNITIES**

(1) Do you have an Equal Opportunities Policy Statement which incorporates:-

Code of Practice on Racial Equality in Employment? YES  NO

The Equal Opportunities Commission Code of Practice? YES  NO

If the answer is 'Yes' please attach a copy

(2) If the answer is 'No', do you undertake to adopt, within the next six months, an Equal Opportunities Policy, incorporating The relevant Code of Practice? YES  NO

**SECTION D: HEALTH & SAFETY (Please complete all relevant Sections)**

If your organisation is ISO 45001 accredited or has been granted full membership of any of the SSIP recognised schemes, please provide a copy of your accreditation and there is no need to complete section D.

(1) If more than 5 people are employed, Provide a copy of your organisation's Safety Policy as required by S.2(3) of the **Health & Safety at Work Act 1974**

Copy of Policy enclosed  
YES  NO

(2) Provide details of your organisation's health and safety management procedures which will ensure the health & safety of your own workforce and others who could be affected by your activities on this Contract

Details enclosed  
YES  NO

(3) Supply examples of Risk Assessments prepared in accordance with the **Management of Health & Safety at Work Regulations 1999** (S.I.1992 No. 2051)

Examples enclosed  
YES  NO

(4) Who in your organisation has day-to-day responsibility for the management of Health & Safety

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

(5) Provide details of the experience and qualifications of the person named above

Curriculum Vitae enclosed  
YES  NO

(6) Who will be responsible for health and safety on site

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

(7) Provide details of the experience and qualifications of the person named above

Curriculum Vitae enclosed  
YES  NO

(8) Provide details of the health & safety training which will be provided for your employees and others to ensure that they are competent to carry out their designated responsibilities.

Details enclosed  
YES  NO

(9) What measures would you adopt to ensure the competence of Contractors to whom you propose to award work.

Details enclosed  
YES  NO

**SECTION D: HEALTH & SAFETY (Cont'd) (Please complete all relevant Sections)**

(10) Have any formal notices been issued or legal proceedings been taken against your organisation by the Health & Safety Executive in the last 3 years

YES  NO

If yes, provide details separately

(11) Provide details of any accidents/incidents reported by, or on behalf of, your organisation to the Health & Safety Executive during the last 3 years as required by the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995** (S.I. 1995 No. 3163)

Details enclosed

YES  NO

(12) What resources (including staff, equipment and technical facilities) as required by the **Construction (Design and Management) Regulations 2015** does your organisation intend to allocate to this Contract

Details enclosed

YES  NO

(13) What % of your employees hold valid CSCS cards?

%

## SECTION E: QUALITY ASSURANCE

(1) Is your company registered to:

ISO 9001

YES  NO

ISO 14001

YES  NO

OHSAS 18001

YES  NO

If the answer is 'Yes', who is the assessment body?

When are your certificates due for renewal?

**Please provide copies of certificates**

(2) If the answer is 'No', do you intend to attain approval to any of the aforementioned standards

YES  NO

If 'Yes' in what timescale?

(3) Please supply contact details for your management representative(s) responsible for the aforementioned standards

Name  
Position  
Telephone  
Fax


**SECTION F: GENERAL COMPANY INFORMATION (Please complete all relevant Sections)**

- (1) Names of Directors/Partners
- (2) Address of Head Office or Registered Office  
 (if different from Trading Address)
- (3) Average Total Number of Employees
- (4) Number of Management Staff
- (5) Number of Apprentices/Trainees
- (6) Are you registered with any trade organisations  
 (ie NHBC, NFB, FMB etc) YES  NO   
 If 'Yes' please state Membership Numbers
- (7) Please confirm that your company complies  
 with the Bribery Act 2010 YES  NO

**SECTION G: DECLARATION**

Declaration on behalf of

Signed

Name (please print)

Position

Date

**OFFICE USE ONLY** (Please leave blank)

PL	EL	Signed Contractor Declaration Received	RA	COSHH ASS	Evidence of Comp.	QA	Approved Confirmed	Approved by	Date
						9001			
						14001			
						18001			
Sub-Contractor/Supplier Approved for Use by PCBL Director					(Date)	(Signature)			

**PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE TO:**  
**Hilary Prouse**  
**Pearce Construction (Barnstaple) Ltd,**  
**Pearce House, Brannam Crescent, Roundswell Business Park,**  
**Barnstaple, Devon EX31 3TD**  
 Tel: 01271 345261 Fax: 01271 852124 email: [buildit@pearceconstruction.co.uk](mailto:buildit@pearceconstruction.co.uk)