



Contractor Competence Questionnaire

To be completed by the Contractor

1 General Information

Company / Partnership / Individual Name:		
Address:		
Telephone:		Email:
Website:		
Main Contact Name:	Telephone:	Email:
Directly Employed		Subcontractors / Agency Personnel
Details of trade/professional organisations of which your company is accredited by or is a full member of (including membership numbers):		

2 Contract Information

Brief description of project:
Attach details of your experience in the field of work including previous similar projects

3 Health & Safety Management

Who in your organisation is ultimately responsible for health and safety?

Name:	Position:
Who is appointed to provide competent advice on health and safety matters?	
Name:	Contact details:
Position	Qualifications: (attach separate details if preferred)

4 Training

<p>Please attach copies of relevant cards/ certificates for all employees and other personnel.</p> <p>Alternatively provide a copy of your company's training matrix showing all training qualifications held for all employees and other personnel and their expiry dates.</p>	Attached (✓)
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5 Arrangements

Supply a copy of your organisation's health and safety policy statement and, if applicable, the index from your company's health and safety procedures manual	Attached (✓)
Supply a worked example of a method statement and associated risk assessment for work similar to which you would expect to undertake for us if selected	
Supply examples of specific risk assessments for work with hazardous substances and for manual handling tasks (if applicable)	
Attach details of your arrangements for health and safety inspections of site work	

6 Incidents

Answer YES or NO to ALL questions	
Have you / the business been involved in or had any reportable accidents in the last three years? (if YES – please provide details)	
Have you / the business ever been prosecuted or served a formal notice by the HSE? (if YES – please provide details)	
Attach details of your accident reporting and investigation procedure	Attached (✓)



7 Subcontractors

<p>Does your organisation use sub-contractors for work on site?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", attach details of the work undertaken by sub-contractors, your arrangements for assessing the competence of sub-contractors used and for monitoring their ongoing health and safety performance</p>
<p>Can you confirm that you do not permit sub-contractors to appoint their own subcontractors?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>

8 Trade References

Name:		
Address:		
Contract Name:	Telephone:	Email:
Details of recent works carried out:		
Name:		
Address:		
Contract Name:	Telephone:	Email:
Details of recent works carried out:		

9 Declaration

<ul style="list-style-type: none"> To the best of my knowledge and understanding the information supplied by me on this form is both true and accurate. I fully understand my responsibilities and my legal duties regarding Health & Safety, and will endeavour to abide by all site rules as communicated to me at induction by the Natural England representative. Where I provide my own H&S Policy, Method Statements and Risk Assessments, they will be suitable, appropriate and applicable to the tasks undertaken. 		
Name:	Signed:	Job Title:
Date:	Telephone:	Email: