

Crediton Town Council

8a North Street Crediton Devon EX17 2BT

Telephone: 01363 773717 Email: townclerk@crediton.gov.uk

CONTRACTOR APPLICATION FORM

Principal Point of Contact		
Name		
Job Title		
Organisation/Company Name		
Main Address for Correspondence		
Postcode		
Telephone Number		Mobile
Email		
Type of Business (i.e. Sole Trader, Partnership etc.)		
Certification		
Please list any Trade, or Professiona registration numbers	Association th	at you/the organisation belongs to, with names and
What percentage of your workforce holds a current Health & Safety Awareness Certificate? %		
Training		
Are you able to provide details of competence, training and/or qualifications held by any of your employees, if required to do so. Yes/No		
Health & Safety		
Who is the appointed Health & Safety Officer?		
If successful, you will be asked to pure Please note if your organisation is assessments and work safety method. The organisation agrees to prepare a	s successful you od statements.	u will be required to prepare and submit full risk
Risk Assessment	Yes/No	
Work Safety Method Statement	Yes/No	
Has the organisation been subject to (If yes, please give details on a separ	•	ces issued by the Health & Safety Executive? Yes/No





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Market Street Crediton Devon EX17 2BN

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Insurance Certification		
Do you currently hold the following:		
Public Liability Insurance Yes/No Employers Liability Insurance Yes/No (N.B. Cover of £5,000,000 minimum is required in all	instances)	
If successful, you will be asked to provide the above insurance and copies of the policy documents and certificates will be required by the Council on an annual basis.		
Corruption/Fraud		
Are there any reasons why the organisation might be, or might become, ineligible under Regulations 23 of the Public Contracts Regulations 2015. Yes/No		
(If yes, please give details on a separate sheet of paper)		
Declaration		
I certify that all the above information is correct.		
Signed	Date	
Print Name		
CREDITON TOWN COUNCIL USE ONLY		
Approved by:		
Signed	Date	
Print Name		

