**Contractor Competence Questionnaire**

**To be completed by the Contractor**

# 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): | | | |

# Contract Information

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

# 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) |

# Training

|  |  |
| --- | --- |
| Please attach copies of relevant cards/ certificates for all employees and other personnel.  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. | Attached (✓) |

# 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 |  |

# 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 (✓) |

# Subcontractors

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| --- |
| Does your organisation use sub-contractors for work on site?  Yes ❏ No ❏  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 |
| Can you confirm that you do not permit sub-contractors to appoint their own subcontractors?  Yes ❏ No ❏ N/A ❏ |

# 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: | | |

# Declaration

|  |
| --- |
| * 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: |