

345 INTERIORS LTD

SUPPLIER /SUBCONTRACTOR VETTING FORM



THIS FORM MUST BE COMPLETED BY BONA-FIDE SUB-CONTRACTORS AND LABOUR ONLY SUB-CONTRACTORS.
PLEASE PRINT, COMPLETE AND RETURN THIS DOCUMENT BEFORE COMMENCEMENT OF WORK ON SITE. PLEASE ENSURE THAT ANY ADDITIONAL SHEETS ARE MARKED CLEARLY WITH YOUR NAME. THE RED SECTIONS ARE MANDATORY.

EMAIL COMPLETED FORM TO invoice@345interiors.co.uk OR SEND BY POST

345 INTERIORS LIMITED
 SUITE 6.04
 15 OLD BAILEY
 LONDON
 EC4M 7EF

FIRST NAME		SURNAME	
TRADING AS (LEGAL NAME)			
FULL ADDRESS			
POST CODE			
TEL NO			
MOBILE NO			
EMAIL ADDRESS			
WEBSITE			
DATE OF BIRTH (Sole Trader)			
TRADE			
WORKING STATUS	SUB-CONTRACTOR / COMPANY / PARTNERSHIP		
CIS REGISTERED		YES	NO
CIS/UTR NUMBER		N.I NUMBER (Sub-Contractor only)	
VAT NUMBER		DATE OF REGISTRATION	
LTD COMPANY UTR		COMPANY REG NO.	
BANK NAME		SORT CODE	
ACCOUNT NUMBER		BENEFICIARY NAME	
DIRECTORS NAMES			
NATIONALITY (Sole Trader)		If you are not a British passport holder or a European citizen, or you do not have a permanent right to remain in the UK, you will require a work permit.	
DO YOU NEED A WORK PERMIT TO BE EMPLOYED IN THE UK? (Sole Trader)	YES / NO	If you already have a work permit when does it expire? (Please note that your current work permit may not be valid for this post)	
WHERE DID YOU LEARN OF THIS POST?			
PLEASE PROVIDE A GOOD QUALITY PHOTOCOPY OF BOTH SIDES OF YOUR CIS CARD AND PROOF YOUR NATIONAL INSURANCE NUMBER.			
IF TRADING AS A LTD COMPANY OR VAT REGISTERED, PLEASE PROVIDE PHOTOCOPY OF YOUR REGISTRATION CERTIFICATES			
PLEASE PROVIDE A COPY OF YOUR HEALTH AND SAFETY POLICY AND PROCEDURES			
PRIMARY TRADE		YEARS IN TRADE	
SKILLS / EXPERIENCE / PREVIOUS PROJECTS			
HIGHEST QUALIFICATION		DATE ACHIEVED	
PROVIDE DETAILS AND EVIDENCE OF TRAINING PROVIDED FOR STAFF			
DO YOU EMPLOY SUB-CONTRACTORS?		YES	NO
IF YES PLEASE CONFIRM THAT YOU HAVE A PROCESS FOR SUB-CONTRACTOR VETTING		YES	NO

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PROVIDE TWO TRADE REFERENCES TO BE CONTACTED		1	2
CONTACT NAME (SITE MANAGER/CLIENT)			
WORK COMPLETED/SERVICES PROVIDED			
PROJECT START DATE			
VALUE OF PROJECT			
CONTACT TELEPHONE NO			
CONTACT EMAIL ADDRESS			
GENDER (Sole Trader)	MALE		FEMALE
MARITAL STATUS (Sole Trader)	MARRIED	DIVORCED	SINGLE
			WIDOWED
			SEPARATED
			OTHER
ETHNIC ORIGIN (Sole Trader)	WHITE BRITISH	BLACK/BLACK BRITISH	
	WHITE IRISH	ASIAN/ASIAN BRITISH	
	WHITE OTHER	MIXED	
			CHINESE
			OTHER:
AGE RANGE (Sole Trader)	16-24	25-34	35-44
			45-54
			55-64
			65+
(THE ABOVE INFORMATION IS REQUESTED FOR COMPANY EQUAL OPPORTUNITIES RECORDS AND WILL NOT BE SHARED OR USED FOR ANY OTHER PURPOSES)			
DO YOU HAVE ANY OF THE FOLLOWING TRAINING? (PLEASE NOTE THAT TRAINING CAN BE ARRANGED THROUGH 345 INTERIORS. PLEASE CALL FOR FURTHER DETAILS)		DATE RECEIVED	EXPIRES
CSCS CARD - COMPULSORY FOR ALL OPERATIVES			
PASLODE OPERATIVE - COMPULSORY IF USING NAIL GUNS			
BANKSMAN/SLINGER			
SSSTS (SITE SUPERVISOR TRAINING SCHEME)			
SMSTS (SITE MANAGER SAFETY TRAINING SCHEME)			
PASMA			
FIRST AID			
ASBESTOS AWARENESS			
FIRE MARSHALL			
PTS TRAINING - COMPULSORY FOR WORKING IN RAIL			
OTHER, PLEASE DETAIL ON A SEPARATE SHEET			
PLEASE PROVIDE GOOD QUALITY PHOTOCOPIES OF YOUR TRAINING CERTIFICATES			
PUBLIC LIABILITY INSURERS		POLICY NUMBER	
LEVEL OF COVER		RENEWAL DATE	
HAVE YOU MADE ANY CLAIMS IN THE PAST 5 YEARS?		YES	NO
IF YES, PLEASE GIVE DETAILS			
PLEASE PROVIDE GOOD QUALITY PHOTOCOPIES OF YOUR PUBLIC LIABILITY INSURANCE CERTIFICATE			
ACCIDENT RECORDS AND HISTORY (ORDER BY MOST RECENT)			
	DETAILS	DATE	RIDDOR REPORTABLE
1			YES / NO
2			
3			
PLEASE PROVIDE A COPY OF AN EXAMPLE RISK ASSESSMENT / METHOD STATEMENT FOR WORKS SIMILAR TO THOSE REQUESTED			
<p>ALL PORTABLE POWER TOOLS USED ONSITE ARE REQUIRED TO BE PAT TESTED REGULARLY.</p> <p>SPOT CHECKS WILL BE CARRIED OUT ON ALL SUBCONTRACTORS. PAT TESTING CAN BE ARRANGED THROUGH 345 INTERIORS LTD.</p> <p>PLEASE CALL FOR DETAILS.</p>			
ARE YOUR TOOLS REGULARLY PAT TESTED (PORTABLE APPLIANCE TESTING)?		YES	NO
PLEASE PROVIDE GOOD QUALITY PHOTOCOPIES OF YOUR APPLIANCE TESTING RECORDS/CERTIFICATES			
DO YOU HAVE A DISABILITY WHICH MAY AFFECT YOUR ABILITY TO UNDERTAKE YOUR DUTIES OR WHICH REQUIRES SPECIAL REQUIREMENTS?		YES	NO
IF YES PLEASE GIVE DETAILS			

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HAVE YOU EVER HAD ANY OF THE FOLOWING?		YES	NO	DETAILS	
1	Epilepsey, fits blackouts fainting turns or unexplained loss of consciousness				
2	Vertigo,dizziness,giddiness,problems with balance				
3	Recurrent headache or migrane				
4	Diseases of the nervous system eg. Neuritis, stroke				
5	Chest pain,angina,heart disease or breathlessness				
6	Any visual defect eg. Scotma,blindness in one eye, reduced visual field blurred vision or colour blind				
7	Raised or low blood pressure				
8	Any blood disorder				
9	Astma, bronchitis,emphysema, pneumonia or lung disease				
HAVE YOU EVER HAD ANY OF THE FOLOWING?		YES	NO	DETAILS	
10	Jaundice or any form of hepitiias or liver problem				
11	Kidney or bladder conditions				
12	Arthritis, gout or rheumatism				
13	Any metabolic disorder including diabetes thyroid and adrenal gland disease				
14	Psoriasis, eczema, allergic skin rash or other skin disorder				
15	Any infectious diseases				
16	Anxiety/depression, mental breakdown or stress related problems				
17	Substance missuse				
18	Any allergies including hay fever				
19	Any malignancies or cancers				
20	Any operations or surgical procedures				
21	Ear or hearing problems				
22	Any other medical condition				
23	Have you ever consulted a orthopaedic surgeon, chiropractor, osteopath or physiotherapist				
24	Are you currently attending a hospital/GP for treatment or waiting for an appointment				
HAVE YOU EVER LEFT A JOB OR BEEN MEDICALLY RETIRED DUE TO ILL HEALTH?				YES	NO
IF YES PLEASE GIVE DETAILS					
HOW MUCH ALCOHOL ON AVERAGE DO YOU CONSUME DURING A SEVEN DAY PERIOD (1 UNIT= 1/2 PINT BEER/ 1 GLASS OF WINE/ 1MEASURE OF SPIRITS)?				UNITS	
DO YOU HAVE A CRIMINAL RECORD?				YES	NO
IF YES, PLEASE PROVIDE DETAILS					
HAVE YOU EVER ATTENDED AN EMPLOYMENT TRIBUNAL?				YES	NO
IF YES, PLEASE PROVIDE DETAILS					
HAVE YOU EVER BEEN REMOVED FROM SITE DUE TO BREACH OF HEALTH AND SAFETY?				YES	NO
IF YES, PLEASE PROVIDE DETAILS					
HAVE YOU EVER BEEN REMOVED FROM SITE FOR ANY OTHER REASON?				YES	NO
IF YES, PLEASE PROVIDE DETAILS					

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<u>DECLARATION</u>					
I declare that the information given above is true and complete. I understand that any misleading information or omissions will be sufficient grounds for removal from site. I will notify you immediately if any of my answers on the above questionnaire change. I understand that the information provided will be held in my confidential file on paper or computer and will only be used for health and safety purposes.					
PRINT NAME		SIGNATURE		DATE	
OFFICE USE ONLY:					
DOCUMENTS RECIEVED	YES	NO	DOCUMENTS VERIFIED	YES	NO
REF 1 CONTACTED	YES	NO	REF 2 CONTACTED	YES	NO
COPY OF REPLY ATTACHED	YES	NO	COPY OF REPLY ATTACHED	YES	NO
ACCOUNT SET	YES	NO	SUBCONTRACTOR REF		
PRINT NAME			SIGN		

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<u>CONTINUATION SHEET</u>			
FULL NAME		CONTINUATION PAGE	OF
PRINT NAME		SIGN	
TRADING AS NAME		DATE	