

# Providence

Maintenance and Electrical Services Ltd



## Sub-contractors application pack

# Supplier Questionnaire

Please supply the following information. Should you have any queries regarding the questions below please contact us directly on 01422 823539

<b>Name of the business (registered name shown on your accounts)</b>

<b>Trade name (if this is different from above)</b>

<b>Trade/business address and postcode</b>			
<b>postcode</b>		<b>website</b>	

<b>title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please Specify)		
<b>Last Name:</b>		<b>First Name:</b>	
<b>Position:</b>			
<b>Phone Number:</b>		<b>Mobile Number:</b>	
<b>Email:</b>			

<b>Please indicate the status of your business below.</b>	
<input type="checkbox"/> Sole trader or principal	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Company	<input type="checkbox"/> Unlimited Company
<input type="checkbox"/> Public limited company	<input type="checkbox"/> Limited liability Partnership

<b>Date the business was set up</b>

**Date the business became incorporated (if applicable)**

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**Please send copy of CIS**

attached

**Does your business have any other companies in your group, including ultimate holding and associated companies?**

(for example, parent, partner, or totally or partly under common control)

Yes

No

**Company or Limited liability partnership registration number**

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**VAT number (if you have one)**

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**Health & Safety Accreditation - please Indicate**

Member of Construction Line – copy of cover attached

Yes  No

Member of National Britannia Safe Contractor – copy of cover attached

Yes  No

CHAS Accredited – copy of cover attached

Yes  No

**Health & Safety Documentation - please Indicate**

Health & Safety Policy – copy attached

Yes  No

Anti-discrimination Policy – copy attached

Yes  No

Quality Assurance Policy – copy attached

Yes  No

Environment Policy – copy attached

Yes  No

Equal Opportunities Policy – copy attached

Yes  No

Sex Discrimination Policy – copy attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Discrimination Policy – copy attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Racial Discrimination Policy – copy attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please complete the following questions:**

Do you have other branch offices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have less than 5 employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you only work in Northern Ireland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please state the main type of work you carry out.**

**Insurance Cover.**

Please Supply the following Information.

<b>Insurance Type:</b>	<b>Name of Insurer and Policy Number</b>	<b>Cover Limit</b>	<b>Date of Policy</b>
<b>Policy Liability Cover</b>			
<b>Employers Liability Cover</b>			
<b>Professional Indemnity</b>			

## Payment

Payment details (Bacs)	
Bank Account Number	
Sort Code	
Name of Bank	
Address	

## Honesty and Openness

The Prevention of Corruption Acts applies to all contracts that any government department or public organisation enters into. The Acts make it a criminal offence to give or offer bribes or rewards to an employee of a government department or public organisation with the intention of influencing them in their duties. These offences could lead to loss of contracts, loss of future opportunities and prosecution under the Acts. It is also a criminal offence to knowingly supply false or fraudulent information in your application.

Declaration	
I confirm that, as far as I know, the information I have is accurate. I am not aware of my financial changes to the business or any other circumstances that could harm business stability. (If you are aware of any changes, please provide full details on a separate sheet)	
I hereby confirm that I have read and accepted the attached Providence Maintenance and Electrical Services Ltd. Contractor & Supplier Terms and Conditions. <b>To be signed and authorised signatory</b>	
Name	
Position	
Telephone	
Number	
Signature	
	Date

Details of where to send this application are detailed over leaf.

Please complete this application form in full and return to:

Providence Maintenance and Electrical Services Ltd

Unit 1D Mill Fold

Sowerby Bridge

Ripponden

Halifax

HX6 4DJ

Should you have any queries regarding the questions please contact us directly on **01422 823539**

## Terms and Conditions for Contractor & Suppliers

1. The site must be telephoned before arrival of contractor. (Please note that a mutually agreed appointment must be made with site in advance, allowing an appropriate amount of time between the initial telephone call and the actual visit, as ringing to book the appointment for outside the site on the hope of entry is not acceptable).
2. Identification must be shown upon arrival.
3. Contractors must only work in the specified area and not visit any areas without knowledge or permission of the Office Manager or in their absence, Site Representative.
4. Appropriate language and behaviour must be used at all times.
5. Contractors must respect the privacy of staff at all times.
6. The Office Manager has the right to refuse entry to any person not adhering to the above.
7. Contractors must complete a works completion note before leaving the site. A copy to be retained by the contractor and a copy left on site.
8. Where Providence Maintenance and Electrical Services Ltd. encounter any aborted visits due to non compliance of any of the above then Providence Maintenance and Electrical Services Ltd. cannot and will not be held liable for payment.
9. Failure to conform to any of the above terms and conditions will result in non payment of the invoice.
10. Whilst some may feel that the above is extreme, we cannot over emphasise the importance of adhering to the points listed.

I confirm that I have read and understood the above **Terms and Conditions**.

<b>Contractors Signature</b>	
	date