



## **THE HONOURABLE SOCIETY OF THE MIDDLE TEMPLE**

### **CONTRACTORS APPLICATION FORM**

Thank you for contacting us regarding possible placement on our Register of Approved Contractors.

The information which you provide when returning this document and any attachments / enclosures thereto will be used by The Honourable Society of the Middle Temple (hereinafter referred to as “the Inn”) to process your application to be included on the Register of Approved Contractors.

As part of this process, we may be required to share your information with the other Inns of Court and some external third party organisations to verify the information given such as insurance details and references etc.

Your application is submitted on the understanding that you authorise the Inn to make any such enquiries.

If successful, your application details will only be used for internal administrative purposes whilst you remain on the Register of Approved Contractors.

If removed from the Register of Approved Contractors, your information will be retained by us for 6 years from date of removal and then destroyed.

If unsuccessful, the information will be retained by us for 12 months before being destroyed.

## **Section A - Health and Safety**

### **To be applied to construction or other works undertaken on the Inn's premises**

The Inn is committed to provide, as far as is reasonably practicable, a safe and healthy environment for its employees and all persons affected by its undertaking.

Creating an environment which encourages a sound and effective health and safety culture is of paramount importance. All employees are required to support the culture of working with due regard to the health and safety of themselves and others who may be affected by their activities as an integral part of the Inn's ethos. The Inn expects a similar commitment from its contractors.

#### **The Inn undertakes:**

- to comply with all current health and safety legislation;
- to assess the competence and resource of contractors in a fair and equitable manner and not to exclude contractors from its register without justification;
- not to award contracts on the basis of cost alone, but to give due consideration to other factors including quality of work, programming, past performance and health and safety;
- to ensure that the Inn provides adequate resources to discharge its health and safety responsibilities;
- to provide information where practicable to contractors on significant hazards to health and safety including specifically details of the Asbestos Register for properties in which work may be undertaken;
- to encourage the achievement of high standards of health and safety on its sites;
- to consider site safety as an asset not a liability;
- to support initiatives intended to improve the health, safety and welfare of its employees and contractors;
- wherever possible only to award contracts to those companies/firms on its register;
- to implement safe systems of work and practices;
- to promote an environment for learning and development, and encourage feedback, to secure long term confidence;
- to provide and maintain appropriate personal protective equipment (PPE) for employees to use.

#### **The Contractor undertakes:**

- to comply with all current health and safety legislation;
- to implement an effective management structure for health and safety and monitoring to ensure that the required quality of work is achieved;
- to commit adequate resources for the provision of health and safety advice;
- to only use employees who are competent to undertake the required works and to provide adequate training and re-training when required;
- to invest in a positive safety culture through all levels of its organisation;
- to show respect for the health, safety and welfare needs of its workforce on site and to provide and maintain good quality welfare facilities where required;
- to employ only sub-contractors who are competent to undertake the work and have adequate resources to do so and manage them effectively;
- to implement safe systems of work and practices which at least meet the County Council's minimum health and safety requirements and performance standards;
- to implement working practices which take due regard of the continued occupation of premises and the proximity of the general public and comply with local rules;
- to react promptly to concerns raised on health and safety issues and to implement corrective action as soon as reasonably practicable;
- to carry out risk assessment and ensure that adequate safety method statements are drawn up prior to any work activity commencing on site;
- to ensure that relevant information on risks to health and safety is passed to other contractors and to employees;
- to encourage learning, development and feedback;
- to provide and maintain appropriate protective equipment and ensure that employees and sub-contractors use it.

## Section B – Company/Firm Details

To be completed by all applicants

**B1 Registered Name** \_\_\_\_\_

**B2 Trading Name (if different)** \_\_\_\_\_

**B3 Office**

(1) Registered Office address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Main address for correspondence (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Facsimile number \_\_\_\_\_

**B4 Principal point of Contact**

Person dealing with this application

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail \_\_\_\_\_

**B5 Company/Firm Details**

(1) Date of formation or first registration \_\_\_\_\_

(2) Registration number where limited company \_\_\_\_\_  
(please enclose a copy of the Certificate of Registration)

(3) VAT number \_\_\_\_\_

**B6 Company/Firm Business**

Please provide brief description

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**B7 Directors, Partners, etc.**

- (1) Please state the full names and addresses of the Directors, or the Partners, and the Company Secretary (attach a list if space below is insufficient)

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- (2) Please state the name and position of any Director or Partner or Company Secretary who has been an employee of the Inn during the last five years

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- (3) Please state the name and position of any Director or Partner or Company Secretary who has a relative(s) who is an employee of the Inn at a senior level or is a Master of the Bench or a Committee Member of the Inn

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- (4) Has any Director or Partner or Company Secretary been bankrupt or involved in any company/ firm that has been liquidated or gone into receivership in the last 5 years?

Yes \_\_\_\_ No \_\_\_\_

If yes, please state full details

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- (5) Has any Director or Partner or Company Secretary been convicted of a criminal offence relating to the conduct of the company/firm?

Yes \_\_\_\_ No \_\_\_\_\_

If yes, please state full details

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- (6) Has the company/firm ever had a public sector contract terminated or had a contract terminated due to alleged sub-standard work? its

Yes \_\_\_\_ No \_\_\_\_\_

If yes, please state full details

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**B8 Staff Information**

Total number of full time staff \_\_\_\_\_

**B9 Group**

Is the company/firm a member of a group of companies?

Yes \_\_\_\_ No \_\_\_\_\_

If yes, please state the names and addresses of the Parent Group or ultimate holding company

and any other subsidiaries involved in building construction or associated fields who have or

may apply to be registered for work for the Employer (please attach list if space below is insufficient). State relationship clearly (e.g. parent or holding company, subsidiary, wholly or partly under common control)

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*NB The Parent Group or ultimate holding company must be prepared to guarantee the contract performance of its subsidiary.*

**B10 Finance**

Please enclose copies of the company's/firms full audited accounts for the last two financial years.

**It is only essential to provide these where the company/firm wishes to undertake works in excess of £25,000 or any one works order/contract.**

Please also enclose copies of any ultimate holding company's full audited accounts for the last two financial years (these must be consolidated).

**B11 Unique Tax Reference (UTR)**

Does the company/firm hold a current UTR?

Yes \_\_\_\_ No \_\_\_\_\_

If yes, please provide the number below

(1) UTR number \_\_\_\_\_

If no, please specify reason for exemption

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**B12 Insurance**

Please specify the following and enclose evidence

- (1) Employers Liability Insurance and extent of cover

Insurer(s) \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

Limit of Indemnity \_\_\_\_\_

Expiry Date(s) \_\_\_\_\_

***NB Minimum limit of indemnity £5,000,000.***

- (2) Public Liability Insurance and extent of cover

Insurer(s) \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

Limit of Indemnity \_\_\_\_\_

Expiry Date(s) \_\_\_\_\_

***NB Minimum limit of indemnity £5,000,000.***

- (3) Products Liability Insurance and extent of cover

Insurer(s) \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

Limit of Indemnity \_\_\_\_\_

Expiry Date(s) \_\_\_\_\_

***NB Minimum limit of indemnity £5,000,000.***

- (4) Professional Indemnity Insurance and extent of cover

Insurer(s) \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

Limit of Indemnity \_\_\_\_\_

Expiry Date(s) \_\_\_\_\_

*NB Only applicable in connection with Contractor Deign.*

*Minimum limit of indemnity £5,000,000, but subject to project evaluation.*

- (5) All Risks Insurance and extent of cover

Insurer(s) \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

Limit of Indemnity \_\_\_\_\_

Expiry Date(s) \_\_\_\_\_

**B13 Environmental Policy**

Does the company/firm have an environmental or environmental management policy?

Yes \_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy of the policy statement.

**B14 Equality and Diversity**

**There are statutory obligations on the Inn (in its capacity as a Local Authority) under various pieces of legislation relating to equality and diversity. As a contractor acting on behalf of the Inn, your organisation will need to demonstrate that it is operating within the spirit of this legislation (whether required by law or not) in all aspects of your activities as both an employer and as a service provider and that it positively promotes fairness and equality of opportunity.**

- (1) Does the company/firm understand its legal duties and take active steps to ensure it complies with statutory obligations under various Equality and Diversity legislation?

Yes \_\_\_\_ No \_\_\_\_\_

- (2) Is the policy of the company/firm on Equality and Diversity set out:

- a) in written instructions to those concerned with recruitment, training and promotion?

Yes \_\_\_\_ No \_\_\_\_\_

- b) in documents available to employees?

Yes \_\_\_\_ No \_\_\_\_\_

- (3) Have you taken active steps to ensure your employees have been suitably trained?



Yes \_\_\_\_ No \_\_\_\_\_

- (4) In the last 3 years, have any findings of unlawful discrimination been made against the company/firm by any court or employment tribunal?

Yes \_\_\_\_ No \_\_\_\_\_

- (6) If the answer to question 4 is the affirmative what steps have been taken as a consequence of the findings?

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- (6) Please provide a copy of the company/firms Equality and Diversity policy or statement.

**B15 Licences/Certificates**

Does the company/firm hold any licences/certificates for specific categories of work?

Yes \_\_\_\_ No \_\_\_\_\_

If yes, please specify and enclose a copy of the licences/certificates

Type \_\_\_\_\_

Licence Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Type \_\_\_\_\_

Licence Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

**B16 Turnover**

Please broadly Indicate the annual construction turnover (£'000) during the last two years:

Year \_\_\_\_\_

Traditional \_\_\_\_\_

Design and Build \_\_\_\_\_

Other New Works \_\_\_\_\_

Repairs and Alterations \_\_\_\_\_

Total \_\_\_\_\_

**B17 Contracts 2 years**

Please state the approximate **number** of contracts completed in each of the ranges set out below in the last three years

- (1) Under £5,000 \_\_\_\_\_
- (2) £5,000 to £25,000 \_\_\_\_\_
- (3) £25,000 to £100,000 \_\_\_\_\_
- (4) £100,000 to £250,000 \_\_\_\_\_
- (5) £250,000 to £750,000 \_\_\_\_\_
- (6) £750,000 to £2,000,000 \_\_\_\_\_
- (7) £2,000,000 to £5,000,000 \_\_\_\_\_
- (8) £5,000,000 to £10,000,000 \_\_\_\_\_
- (9) Over £10,000,000 \_\_\_\_\_

**B18**

**Contracts 2 years/current**

Please provide examples below **for each category of work** that the company/firm wishes to be registered (see Application Form Guidance Notes for categories of work). **Please duplicate this section (including parts 1, 2 & 3) for each category of work you wish to be considered.**

*NB It is preferable that the contracts named should be public authority work excluding housing*

**Category of Work Type** \_\_\_\_\_

(1) **Three contracts completed during the last three years**

**Name** \_\_\_\_\_

Value \_\_\_\_\_

Type of Work \_\_\_\_\_

Employer \_\_\_\_\_

Architect/CA \_\_\_\_\_

**Name** \_\_\_\_\_

Value \_\_\_\_\_

Type of Work \_\_\_\_\_

Employer \_\_\_\_\_

Architect/CA \_\_\_\_\_

**Name** \_\_\_\_\_

Value \_\_\_\_\_

Type of Work \_\_\_\_\_

Employer \_\_\_\_\_

Architect/CA \_\_\_\_\_

(2) **Three contracts now being carried out.**

**Name** \_\_\_\_\_  
Value \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Employer \_\_\_\_\_  
Architect/CA \_\_\_\_\_  
Completion Date \_\_\_\_\_

**Name** \_\_\_\_\_  
Value \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Employer \_\_\_\_\_  
Architect/CA \_\_\_\_\_  
Completion Date \_\_\_\_\_

**Name** \_\_\_\_\_  
Value \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Employer \_\_\_\_\_  
Architect/CA \_\_\_\_\_  
Completion Date \_\_\_\_\_

(3) **Any additional comments**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B19**

**Referees**

Give contact names and full addresses of **three Referees for each category of work** that the company/firm wishes to be registered (other Local Authorities or Architects/Contract Administrators) from whom references may be sought for contracts completed within the last three years.

**Please duplicate this section for each category of work you wish to be considered.**

**Category of Work Type** \_\_\_\_\_

(1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
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\_\_\_\_\_  
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(3) \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B20 Experience**

Please enter below the lowest and highest value of works that you have completed in the last two years. *These should only be completed for the type of works that you have stipulated in section B18.*

**Please note this refers to main contract works only and not sub-contractor works.**

Type of Work	Values in the last 3 years		Values now sought	
	Lowest £	Highest £	Minimum £	Maximum £
New Build				
Alterations and Refurbishment				
Painting and Decorating				
Mechanical Services				
Electrical Services				

Other specialist types of work (please specify below)


**B21 Tendering**

What type of contracts does the company/firm wish to tender for (if yes, please state capacity in each category)?

- (1) Single Stage Selective    Yes\_\_\_\_\_ No\_\_\_\_\_    £ \_\_\_\_\_
- (2) Two Stage    Yes\_\_\_\_\_ No\_\_\_\_\_    £ \_\_\_\_\_
- (3) Design and Build    Yes\_\_\_\_\_ No\_\_\_\_\_    £ \_\_\_\_\_
- (4) Framework/Partnering    Yes\_\_\_\_\_ No\_\_\_\_\_    £ \_\_\_\_\_
- (5) Measured Term    Yes\_\_\_\_\_ No\_\_\_\_\_    £ \_\_\_\_\_

C3 Accident reporting procedures	Applicants information					Inn use only	Result		
3.1 Provide accident and enforcement statistics for the last five years along with relevant details as an enclosure.	Year	Year	Year	Year	Year				
Number of fatal injuries  Number of reportable non-fatal major injuries and incidents (RIDDOR)  Total Number and type of RIDDOR reports.							Approve  Reject  Further Info		
Prohibition notices  Improvement notices  HSE guidance notices									Approve  Reject  Further Info
3.2 Provide details of any H&S convictions.							Approve  Reject  Further Info		
3.3 Describe your in house accident reporting procedures.							Approve  Reject		

3.4 Describe your procedures/arrangements for reporting accidents/incidents to the relevant enforcing authority: <ul style="list-style-type: none"> <li>● HSE</li> <li>● Environment Agency</li> <li>● Fire authority etc</li> </ul>			Approve Reject
3.5 Describe how you share safety issues with your employees to continually improve practice.			Approve Reject
<b>C4 Training (please attach any relevant evidence)</b>	<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
(The company/firm may be required to provide written confirmation of applicable training provided to people who are employed on or involved in specific contracts)			
4.1 Describe how you ensure that all new employees receive H&S induction training to the company and sites on which they are working.			Approve Reject
4.2 Describe your procedures/arrangements for recording all H&S training provided to your employees.			Approve Reject



<b>C5 Sub-Contractors (please attach any relevant evidence)</b>	<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
5.1 Describe your selection procedures/arrangements for ensuring the competence of your appointed sub-contractors.			Approve Reject
5.2 Describe your procedures/ arrangements for induction, information and training for sub-contractors.			Approve Reject
5.3 Describe how you assess the performance of your sub-contractors.			Approve Reject
<b>C6 Consultation with employees</b>	<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
6.1 Describe your procedures/ arrangements for health and safety consultation with your employees			Approve Reject
6.2 If you employ migrant workers or non-English speaking employees, describe your procedures / arrangements for ensuring they are fully aware of their responsibilities and understand your policy.			Approve Reject

<b>C7</b>	<b>Risk assessments (please attach three examples of recent risk assessments and method statements)</b>	<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
7.1	Describe your procedures/ arrangements for carrying out risk assessments and provide at least one example risk assessment and method statement for the type of work you propose to undertake for the Inn. .			Approve Reject
		<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
7.2	Describe your procedures for developing safe systems of work to manage risks identified in 7.1 above			Approve Reject
7.3	Describe how employees and other persons are made aware and understand the risk assessments and safe systems of work to be employed.			Approve Reject
<b>C8</b>	<b>Monitoring of Health &amp; Safety</b>	<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
8.1	Describe your arrangements for monitoring health and safety on site.			Approve Reject
8.2	Describe what actions you have taken in the past as a result of the monitoring procedures/ arrangements.			Approve Reject

<b>C9 Special arrangements</b>	<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
9.1 List the work that your employees/sub contractors undertake that requires health surveillance.			Approve Reject
	<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
9.2 Describe how you undertake Health surveillance.			Approve Reject
<b>C10 Waste</b>	<b>Applicants information</b>	<b>Inn use only</b>	<b>Result</b>
10.1 Describe your arrangements for storage and carriage of <b>controlled</b> and <b>hazardous</b> waste.			Approve Reject
10.2 If applicable, provide a copy of your application for registration and certificate of registration.			Approve Reject
10.3 If applicable, provide the names(s) and addresses of the companies who transport controlled and/or hazardous waste for you company/firm.			Approve Reject
10.4 Describe your arrangements for site waste management plans where these are applicable.			Approve Reject

<b>C11 Asbestos</b>	<b>Applicants Information</b>	<b>Inn use only</b>	<b>Result</b>
11.1 Does any of your work activities involve the disturbance of/or control of asbestos containing materials? If so please describe how you manage your responsibilities under the regulations.			Approve Reject
11.2 Are you a licensed Asbestos contractor? If <b>yes</b> , please provide a copy of the company's/firm's License for work with Asbestos and schedule if appropriate.			Approve Reject
11.3 Provide the name, position and qualifications of the responsible person for asbestos.			Approve Reject
11.4 Describe arrangements to ensure that all employees who control, supervise or work with asbestos have appropriate training.			Approve Reject

## Section D - Declaration

### To be completed by the applicant

I/We hereby apply for inclusion in the Register of Contractors for Building Activities from which select lists are drawn.

I/We certify that the information supplied is accurate to the best of my/our knowledge and that I/we accept the conditions and undertakings requested in the questionnaire. I/We understand that false information could result in my/our exclusion from the Register.

I/We also understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body and that any such action will empower such body to cancel any contract currently in force and will result in my/our exclusion from the Register.

Signed \_\_\_\_\_

Name \_\_\_\_\_  
(of person who completed this section of the form, in capitals)

Position \_\_\_\_\_

For and on behalf of \_\_\_\_\_

Date \_\_\_\_\_

***NB A Director, Partner or other Senior Manager of the Company/Firm should sign this form.***

## Checklist of Requested Enclosures, etc

Your application should be returned to Business Information Team, Property Services, Hampshire County Council, Three Minsters House, 76 High Street, Winchester, Hampshire SO23 8UL.

A	Signed and dated Health and Safety Charter	<input type="checkbox"/>
B5	Certificate of Registration (if applicable)	<input type="checkbox"/>
B10	Full audited (not abbreviated) accounts for the last two financial years (Not essential if company/firm only wishes to undertake works of less than £25,000 per works order/contract)	<input type="checkbox"/>
B11	Evidence that the company/firm holds current CIS or has certified the reason for exemption	<input type="checkbox"/>
B12	Evidence of Insurance (from Insurance Company or Broker)	<input type="checkbox"/>
B13	Environmental Policy statement (if applicable)	<input type="checkbox"/>
B14	Equality and Diversity Policy or Statement	<input type="checkbox"/>
B15	Licences/Certificates (if applicable)	<input type="checkbox"/>
C	Statement of general H&S policy, organisation for carrying out the policy, arrangements for implementing and arrangements for monitoring compliance	<input type="checkbox"/>
C4	Evidence of training	<input type="checkbox"/>
C5	Evidence of sub-contractor selection, training and performance assessment procedures	<input type="checkbox"/>
C7	Risk assessments	<input type="checkbox"/>
C10	Application and Certificate of Registration for Hazardous Waste (if applicable)	<input type="checkbox"/>
C11	Licence for Work with Asbestos and Schedule (if applicable)	<input type="checkbox"/>
D	Signed and dated Declaration	<input type="checkbox"/>

