Please complete and return this checklist to Paul Harper, St Catherine’s Church, Drovers Lane, Penrith, CA11 9EL. p.harper115@outlook.com

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| **Contractor Details** | | |
| 1. | Name of individual/ company |  |
| 3. | Contact Name |  |
| 4. | Contact Address |  |
| 4. | Business telephone number |  |
| 5. | Contact mobile number |  |
| 6. | Email address |  |

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| **Job Details** | | |
| 1. | Brief outline of works  For example, to remove, repair and replace defective guttering and downpipes around the church hall. |  |
| 2. | Location of works |  |
| 3. | Proposed date of works |  |
| 4. | Anticipated duration of works |  |

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| **Professional Details** | | |
| 1. | Please provide details of all relevant insurances applicable to work being undertaken and a copy of your insurance certificate.  *For example:*  *Employer’s Liability*  *Public Liability*  *Professional Indemnity*  *Products Liability* | Details should include:   * Insurer name * Policy No. * Limit of Indemnity * Excess * Exclusions * Expiry date |
| 2. | Are you or your business registered with a health and safety assessment scheme?  *For example: CHAS, Safe Contractor*  *If yes, please state which scheme* |  |
| 3. | Are you or your business a member of a trade association relevant to the work to be undertaken?  *For example: TrustMark, National Federation of Builders, NICEIC (Electricians), Gas Safety Register (Plumbers and heating contractors).* |  |
| 4. | Please confirm whether you or your business has access to competent H&S advice. If yes, please confirm whether this is external, in-house or both. |  |
| 5. | Please provide references from 3 of your clients in respect of similar work undertaken. |  |

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| Office Use Only | | **Yes** | **No** | **N/A** |
| Insurance information checked? | |  |  |  |
| HS Assessment Scheme registration checked? | |  |  |  |
| Trade association membership checked? | |  |  |  |
| References taken up? | |  |  |  |
| Site health and safety information provided to contractor? | |  |  |  |
| **Comments/further action to be taken:** | | | | |
|  | | | | |
| Name and position of person signing off |  | | | |
| Date |  | | | |

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