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 worksFor 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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