



Date of issue:

CONSULTANTS PROFILE
(Please complete all sections)

SECTION A: PAYMENT PROCESSING INFORMATION AND INSURANCES

(1) Contact Details (Please amend details if the above are incorrect)

Full Trading Name	<input type="text"/>	Tel No	<input type="text"/>
Trading Address	<input type="text"/>	Fax No	<input type="text"/>
	<input type="text"/>	Contact	<input type="text"/>
	<input type="text"/>	Mobile	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>

(2) Type of Business

Trade

Business (please tick) Company Sole Trader
Partnership

Company Registration No.

(3) VAT Registration

VAT Reg. No. (if applicable)

(4) Professional Indemnity Insurance

NB Please attach copy Insurance Certificate

Insurers	<input type="text"/>	Expiry date	<input type="text"/>
Certificate No.	<input type="text"/>	Cover	£ <input type="text"/>

(5) Employers Liability Insurance

NB Please attach copy Insurance Certificate

Insurers Expiry date

Certificate No. Cover

(6) Public Liability Insurance

NB Please attach copy Insurance Certificate

Insurers Expiry date

Certificate No. Cover

(7) Bank Details

NB Payments made via BACS direct to Bank

Bank Name Sort Code

Account Name A/C No.

* Factor Address (if remittance advice required)

* Pay to factor? No Yes Factor Name *

SECTION B: HEALTH & SAFETY / CDM (Please complete all relevant Sections)

(1) If more than 5 people are employed, Provide a copy of your organisation's Safety Policy as required by S.2(3) of the Health & Safety at Work Act 1974

Copy of Policy enclosed

YES NO

(2) Provide details of your organisation's health and safety structure and how the company carries out its duties under CDM

Details enclosed

YES NO

(3) Who provides your Health and Safety / CDM advice (internal or external)

Company

or Name

Telephone

Fax

(4) Provide details of the experience and qualifications of the persons within your practice (CV's)

Curriculum Vitae(s) enclosed

YES NO

(5) Provide details of your audit and design review procedures

(Monitoring and review evidence)

A large, empty rectangular box with a thin black border, intended for the user to provide details of their audit and design review procedures. The box occupies most of the page area below the header.

(6) Provide details of the health & safety / CDM training which is provided for your employees and the arrangements for on-going training

Details enclosed		(training records/CPD)	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

(7) What arrangements for hazard elimination and risk control do you employ?

arrangements for consultation with other designers/specialists
examples of how risk is reduced through design
how changes in design are managed

(8) What Measures would you adopt to ensure the competence of sub-consultants to whom you propose to award work?

Details enclosed			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

All consultants are asked to provide evidence of their PI, Public and Employers Liability together with samples of their work and CV's for staff with whom we will be dealing, and any other QA systems they have in places. This is entered onto our approved suppliers list (see copy attached) and updated as the certificates expire.

SECTION C: QUALITY ASSURANCE

(1) Is your company registered to:

ISO 9001

YES

NO

ISO 14001

YES

NO

OHSAS 18001

YES

NO

If the answer is 'Yes', who is the assessment body?

When are your certificates due for renewal?

Please provide copies of certificates

(2) If the answer is 'No', do you intend to attain approval to any of the aforementioned standards

YES

NO

If 'Yes' in what timescale?

(3) Please supply contact details for your management representative(s) responsible for the aforementioned standards

Name
Position
Telephone
Fax

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

SECTION D: GENERAL COMPANY INFORMATION (Please complete all relevant Sections)

(1) Names of Directors/Partners

<input type="text"/>
<input type="text"/>
<input type="text"/>

(2) Address of Head Office or Registered Office (if different from Trading Address)

(3) Average Total Number of Employees

(4) Number of Management Staff

(5) Number of Apprentices/Trainees

(6) Are you registered with any professional organisations
If 'Yes' please state Membership Numbers

YES

NO

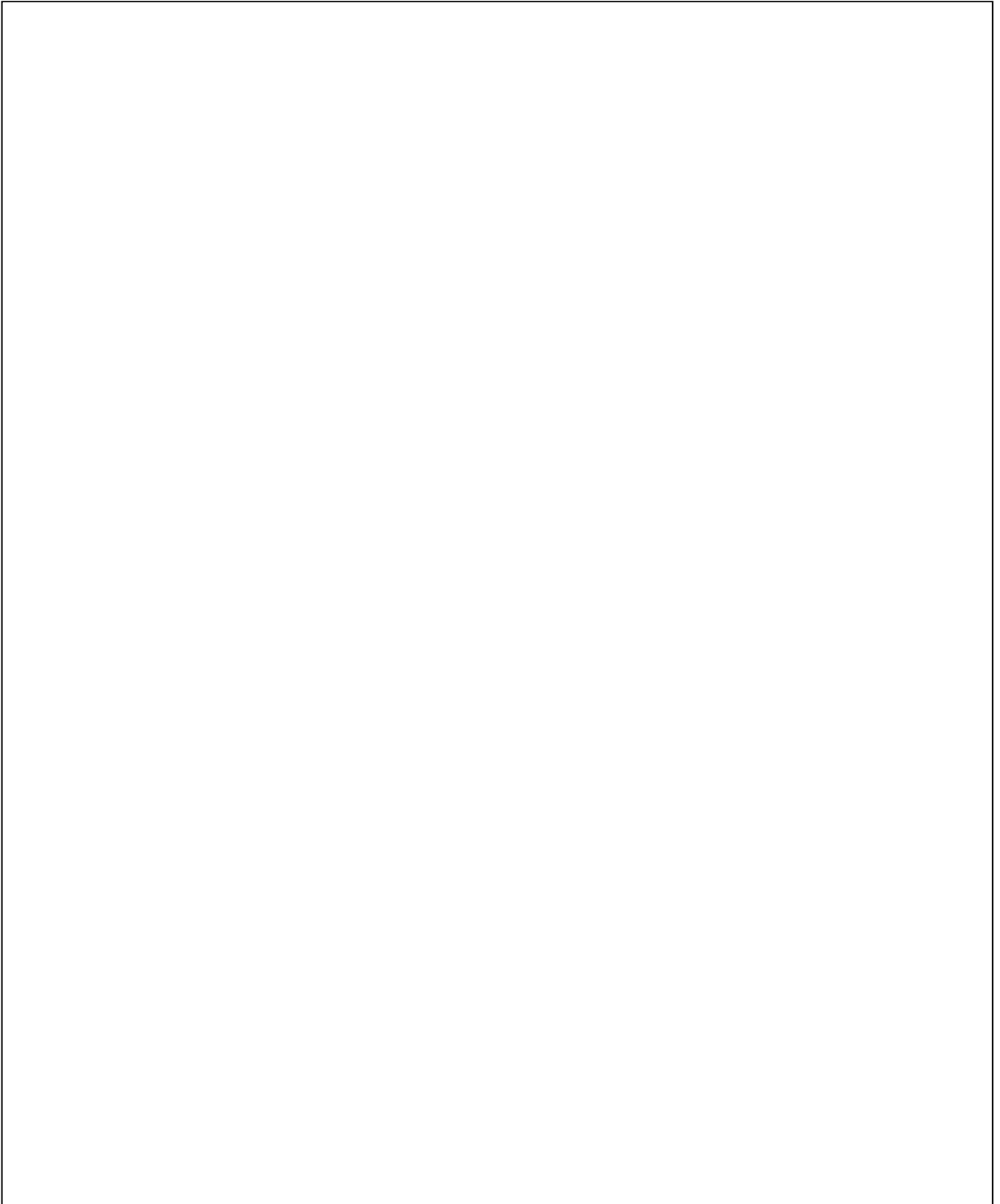
(7) Please confirm that your organisation complies with the Bribery Act 2010

YES

NO

SECTION E: REFERENCES/WORK EXPERIENCE (Please complete all relevant Sections)

- (1) Example completed projects with contacts for reference that demonstrate the ability to manage key health and safety/CDM issues (project sizes and nature of works)

A large, empty rectangular box with a thin black border, intended for the user to provide details of completed projects and references. The box is currently blank.

(2) Preferred Range of projects

£

to

£

(3) Geographical Area of Operations

(4) Are you familiar with JCT Forms of Contract?

YES NO

SECTION F: DECLARATION

Declaration on behalf of

Signed

Name (please print)

Position

Date

OFFICE USE ONLY

(Please leave blank)

P.I.	Signed Contractor Declaration Received	Design audit/HE	Training	Work Exp.	Evidence of Comp.	QA	Approved Confirmed	Approved by	Date
						9001			
						14001			
						18001			

Consultant designer Approved for Use by PCBL Director	(Date)	(Signature)
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PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE TO:

Paul Knox

Pearce Construction (Barnstaple) Ltd,

Pearce House, Brannam Crescent, Roundswell Business Park,

Barnstaple, Devon EX31 3TD

Tel: 01271 345261 Fax: 01271 852164 email: buildit@pearceconstruction.co.uk