



1.6	Bank Details – Standard payment terms are 30 days from authorised approval of invoice		
	Bank Name		
	Sort Code		
	Account Number		
	Account Name		
1.7	Please tick the <u>activities</u> your company can undertake:		
	Planting	Hard Landscaping	
	Seeding	Groundwork/excavation	
	Tree works	Fencing	
	General Maintenance	Walling	
	Other (please specify)		
	Please tick the <u>working areas</u> your company can cover (see appendix)		
	Scottish Central Lowlands	North Wales	
	Scottish Borders	South Wales	
	North East	West Midlands	
	Cumbria	East Midlands	
	North West	East	
	Yorkshire	South West	
		South East	
1.8	Supply contact names and addresses of two organisations that you have carried out similar work for in the past 18 months		
	Client Name:	Client Name:	
	Address:	Address:	
	T:	T:	
	E:	E:	
	Nature of contract completed:	Nature of contract completed:	
1.9	Details of trade/professional organisations of which your company is accredited to or is a full member of. Please provide certificates.		

1.10	<p>Provide copies of current Employers and Public/Product Liability insurance certificates</p> <p>Please note:</p> <ul style="list-style-type: none"> We require sub-contractors to have a minimum indemnity limit of £5m for Public Liability cover. For higher risk activities (such as working on railways) an indemnity limit of £10m may be required. You will be required to supply us with current certificates as they renew in order to remain on our approved suppliers list.
1.11	<p>Do you have an anti-bribery policy? If yes, please provide a copy.</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.12	<p>Do you check a job applicants right to work in the UK prior to employment in accordance with the Immigration Act 2016 (section 35)?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

2. QUALITY

2.1	<p>Do you operate to an accredited Quality Management System e.g. ISO 9001, Constructionline?</p> <p><input type="checkbox"/> Yes If yes, please provide a copy of your certificate</p> <p><input type="checkbox"/> No</p>
2.2	<p>If you have no formal quality system are you prepared to work in accordance with our Quality Management System?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.3	<p>Do you have a quality policy?</p> <p><input type="checkbox"/> Yes If yes, please provide a copy.</p> <p><input type="checkbox"/> No</p>

3. ENVIRONMENTAL

3.1	<p>Do you operate to an accredited Environmental Management System e.g. ISO 14001, Constructionline?</p> <p><input type="checkbox"/> Yes If yes, please provide a copy of your certificate</p> <p><input type="checkbox"/> No</p>
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3.2	<p>Do you agree to work in accordance with all applicable regulations and legislations including our Environmental Management System?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.3	<p>Do you have a written Environmental policy?</p> <p><input type="checkbox"/> Yes If yes, please provide a copy.</p> <p><input type="checkbox"/> No</p>
3.4	<p>Have you been issued with any environmental prohibitions in the last 3 years?</p> <p><input type="checkbox"/> Yes If yes, please provide details.</p> <p><input type="checkbox"/> No</p>
3.5	<p>Have you received any penalty fines from the Environment Agency in the last 3 years?</p> <p><input type="checkbox"/> Yes If yes, please provide details.</p> <p><input type="checkbox"/> No</p>

4. HEALTH & SAFETY

4.1	<p>Do you operate to an accredited Health & Safety Management System e.g. OHSAS 18001, Constructionline, CHAS?</p> <p><input type="checkbox"/> Yes If yes, please provide a copy of your certificate</p> <p><input type="checkbox"/> No</p>
4.2	<p>Who in your organisation is ultimately responsible for health & safety?</p> <p>Name:</p> <p>Position:</p>
4.3	<p>Do you have a qualified safety advisor?</p> <p><input type="checkbox"/> Yes If yes, please provide details below</p>

	<input type="checkbox"/> No Name: Contact Details: Position: Qualifications:
4.4	Do you employ 5 or more people? <input type="checkbox"/> Yes If yes, please provide a copy of your Health & Safety Policy <input type="checkbox"/> No
4.5	Do you provide Risk Assessments prior to work commencing? <input type="checkbox"/> Yes If yes, please provide an example <input type="checkbox"/> No
4.6	Do you provide Method Statements prior to work commencing? <input type="checkbox"/> Yes If yes, please provide an example <input type="checkbox"/> No
4.7	Do you provide COSHH assessments prior to work commencing? <input type="checkbox"/> Yes If yes, please provide an example <input type="checkbox"/> No
4.8	Do you carry out health and safety inspections of site work? <input type="checkbox"/> Yes If yes, please provide an example and advise frequency of inspections <input type="checkbox"/> No
4.9	Do you have a formal accident reporting and investigation procedure? <input type="checkbox"/> Yes

	<p>If yes, please provide details</p> <p><input type="checkbox"/> No</p>
4.10	Please provide your accident/incident statistics for the last 3 years together with details of any RIDDOR incidents.
4.11	<p>Have you received any health and safety enforcements, notices or prosecutions over the past 2 years?</p> <p><input type="checkbox"/> Yes If yes, please provide details</p> <p><input type="checkbox"/> No</p>
4.12	<p>Please provide a training matrix for your employees.</p> <p>Note: All operatives will be required to provide proof of training and competency prior to commencing works on site</p>
4.13	<p>Do all employees who operate mechanical plant hold the appropriate CPCS (or similar) competency certification?</p> <p><input type="checkbox"/> Yes If yes, please provide copies of their CPCS cards</p> <p><input type="checkbox"/> No</p>
4.14	<p>Does your company undertake work on construction sites?</p> <p><input type="checkbox"/> Yes If yes, please provide copies of their CSCS cards</p> <p><input type="checkbox"/> No</p>
4.15	<p>Does your company use sub-contractors for work on site?</p> <p><input type="checkbox"/> Yes If yes, please provide details of the work undertaken by sub-contractors, your arrangements for assessing their competence and for monitoring their ongoing health and safety performance</p> <p><input type="checkbox"/> No</p>



DECLARATION	
I declare that to the best of my knowledge the answers submitted to these questions are correct.	
Name:	Position:
Tel:	Email:
Signature:	Date:

Please note that Lowther Forestry Groups Environmental, Quality and H&S Policy Statements are available to view at www.lowther-forestry.co.uk

The completed form and supporting documentation will be held for 3 years (or as per regulatory requirements) whereupon a full review will be undertaken. Upon review, the old documentation will be securely destroyed in accordance with the principles of the GDPR. Our Data Protection Policy is available by request by emailing info@lowther-forestry.co.uk

APPENDIX

