



CONTRACTORS COMPETENCY FORM

GENERAL INFORMATION

Company Name:	
Company Address:	
Name of person completing this form:	
Position in Company:	
Contact Telephone Number:	
Contact Email:	
Name of person responsible for Health and Safety:	

COMPETENCY REQUIREMENTS

	Requirement	✓	X	Copy required
1.	Please confirm that you hold adequate Employers and Public Liability Insurance Cover PLEASE ATTACH / EMAIL* A COPY OF YOUR CURRENT INSURANCE CERTIFICATE			✓
2.	Please confirm you have a current health and safety policy which every business must legally have (this must be a written document if you employ more than 5 people) PLEASE ATTACH / EMAIL* A SIGNED COPY OF YOUR STATEMENT OF INTENT			✓
3.	Please confirm that you understand and comply with, the relevant health and safety regulations that apply to the type of work being undertaken by your business			
4.	Please confirm that you carry out risk assessments (which every business must legally do and these must be written down if you employ more than 5 people) PLEASE ATTACH / EMAIL* A RISK ASSESSMENT TO COVER THE WORK YOU ARE DOING			✓
5.	Please confirm you have Safe Systems of Work/ Method Statements for what you are doing PLEASE ATTACH / EMAIL* A COPY TO COVER THE WORK YOU ARE DOING			✓
6.	Please confirm appropriate Personal Protective Equipment (PPE) is provided and will be worn			
7.	Please confirm you have CoSHH Assessments if using hazardous substances. Please list any hazardous substances you may be using on our site. PLEASE ATTACH / EMAIL* ANY RELEVANT COSHH ASSESSMENTS			✓
8.	Please confirm that you hold all legally required health and safety documentation (such as Lifting Equipment Examination Certificates)			
9.	Have you had any HSE enforcement action in the last 3 years (provide separate detail) **			If applicable
10.	Have you had any RIDDOR reportable incidents in the last 3 years (provide separate detail) **			If applicable

11.	Please confirm that you ensure the safety of all machinery and equipment used by you			
	Requirement	✓	X	Copy required
12.	Please confirm all staff are trained and competent for the work they are doing			
13.	Please confirm any subcontractor that you may use will comply with these requirements			
14.	Please confirm you will provide us with any relevant safety information required			If applicable
15.	Please confirm the CDM Regulations will be complied with for all building maintenance etc.			
16.	Please confirm you will use the safest reasonable method of access and safe working methods for work at height, in particular for work on a fragile roof. Compliance of the Working at Height Regulations is required.			
17.	Please confirm you will act in accordance with Environmental Regulation and Standards where applicable. All waste must be removed unless agreed otherwise.			

* Please email to Enquiries@securecare.uk

** disclosure of information will not automatically mean exclusion from our list of contractors

AUTHORISED PERSON COMPLETING QUESTIONNAIRE

Please sign below to confirm that the above information is true and correct and that you will inform us should any of the above details change.

Print Name:

Signature:

Date:

RETURN OF DOCUMENTS

Please return to:

Robert Stevenson
SecureCare
Unit 9 Leycroft Road
Barshaw Park
Leicester
LE4 1ET

Alternatively, please complete electronically and return with scanned copies of the relevant documents to:
Enquiries@securecare.uk