**Contractor Annual Information**

Hjaltland Housing Association is committed to providing the best possible service to our tenants, and as a potential contractor working on our behalf; we hope you share this aspiration. The Association’s mission statement is very clear;

**‘We will provide high quality affordable homes and services in communities**

**where people are proud to live and work’**

We are accountable to our tenants and are therefore committed to ensuring we provide a safe, efficient and effective maintenance service, which represents good value for money. Our repairs and maintenance service is a hybrid of external contractors, complemented with our own small internal workforce.

The Contractor Annual Information is a process where the Association will assess contractors before they are invited to bid on a project or be added to our authorised contractor list. It's a way to ensure contractors have the necessary resources, experience, and adherence to safety and compliance standards before being considered.

Please take your time to work through this annual application, and make reference to the supplementary Contractor Agreement Information, which provides key information on the Association and how we expect business to be conducted.

Do not hesitate to contact a member of our team if you have any queries – we are here to help.

This document will be issued to all registered contractors on an annual basis.

**The Management Committee is required to authorise all Contractors to gain access onto the authorised contractors list prior to initial engagement.**

**Please read the following document very carefully and provide all evidence requested on the form. If you have any questions or queries relating to the content, please contact Elizabeth on 01595 694986**

**Once you have completed and signed the questionnaire, please send it and evidence to** **elizabeth@hjaltland.org**

**Annual Information**

|  |  |
| --- | --- |
| Company Name |  |
| Date Established |  |
| Registered Business Address |  |
| Telephone |  |
| Point Of Contact |  |
| Position Within Company |  |
| Email Address |  |
| Mobile Phone Number |  |
| Vat Registration No. |  |
| UTR No. |  |

**Nature of Business**

Trade(s) / Services:

**Please indicate** the value of work/services you provide or for which you wish to be considered.

Small Repair Works up to a value of £8000 [ ]  Works Orders are issued

Minor Contract Works value £8000 - £15,000 [ ]  Quotations will be required

Major Contract Works value £15,000 & Above [ ]  Tenders will be required

How many years has your company carried out the work described above?

1 – 5 Years [ ]  5 – 10 Years [ ]  10+ Years [ ]

How many employees are there within your Company?

1 – 5 Employees [ ]  5 – 10 Employees [ ]  10+ Employees [ ]

Which other business or companies do you carry out similar work for on a regular basis?

Company Name: Company Name:

Contact Name: Contact Name:

**Health & Safety**

As you will be delivering services on our behalf, often in occupied properties, it is vital we are satisfied with your Health & Safety protocols. Please ensure to complete the following information with as much detail as you can and attach all necessary documents with your application.

|  |  |
| --- | --- |
| **Access to Competent Advice** | **Yes / No** |
| Access to competent health and safety |  |
| Named responsible person for health and safety within the organisation |  |
| Qualifications / certificates / CV held in relation to health and safety |  |

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| **Accident Statistics – 3year period** |
| **Year** | **Recorded Injuries** | **Fatalities** | **Major Injuries** | **Over 7-day Injuries** | **Dangerous Occurrences** | **Incidence Rates** | **Injury Frequency Rates** |
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| **Action taken by Enforcing Authorities** |
| **Year** | **Enforcing Body** | **Material Breach** | **Fines/Fees Paid** | **Prosecution** | **Prohibition Notice** | **Improvement Notice** | **Fee for Intervention** |
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| **If yes, please attach enforcement and include measures taken to correct** | **Evidence Attached?** |
|  🗌 HSE 🗌 SFRS 🗌 EHO 🗌 SEPA | YES / NO / N/a |

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| --- | --- |
| **Trade Registration** Include all trade registration details including registration numbers and certificates. | **Evidence Attached?** |
| YES / NO |

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| --- | --- | --- |
| **Asbestos Works** | **YES / No** | **Evidence****Attached?** |
| Can you carry out asbestos removal works? |  |  |
| Provide evidence of Asbestos Awareness Training |  |  |
| Provide further training evidence for Non-licensable work, including Notifiable Non-licensed Work (NNLW) |  |  |
| Are you a licenced Asbestos Remover? |  |  |
| If you are licenced, will you follow HSG:247 The Licensed Contractors Guide at all times? |  |  |

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| **Staff Training**Provide staff training / CPD in relation to health and safety, over the last three years for both operatives and management relevant to the works you are applying for. | **Evidence Attached?** |
| YES / NO |

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| --- | --- | --- |
| **Relevant Insurance Documents to be Included with this Application** | **Evidence Attached?** | **Do Not Hold**  |
| Copy of current signed Health and Safety Policy |  |  |
| Copy of sample previous Method Statement & Risk Assessment (RAMS) for similar works applying for |  |  |
| Copy of Employers liability insurance - £10m |  |  |
| Copy of Public Liability insurance – £5m |  |  |
| Copy of Product Liability insurance - £5m  |  |  |
| Copy of Professional Indemnity Insurance – £2m |  |  |
| Copy All Contractors Risk Insurance |  |  |

**Contractor Checklist and Declaration**

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| --- | --- | --- | --- |
| **Contractor Agreement Information** | **🗸 or 🗴** | **Evidence Provided by Contractor** | **🗸 or 🗴** |
| Code of Conduct  |  | Access to Competent Advice – Invoice or Certificate / CV |  |
| Emergency Repairs Procedure |  | Accident Statistics over 3yrs |  |
| Contractor Pass Key Procedure |  | Enforcing Body Action and Controls |  |
| Conditions of Contract |  | Trade Registration Certificates and Numbers |  |
| Data Protection Schedule |  | Training evidence for Asbestos Awareness  |  |
| Data Handling Process |  | Training evidence for Non-Licensable Work, inc Notifiable Non-licensed Work |  |
| Freedom of Information |  | Asbestos Licence |  |
| Equality, Diversity including Sexual Harassment  |  | Staff Training Certificates / CPD Evidence in Relation to Health And Safety |  |
| Community Benefit |  | All Insurances Held |  |
| CDM15 – Duties & Responsibilities |  | Signed Health and Safety Policy Statement |  |
| Privacy Notice For Contractors and Consultants |  | Sample RAMS |  |
|  |  | ISO45001 or SSIP if held, e.g. CHAS, SafeContractor, Constructionline, etc |  |
|  |  | Waste Transfer Licence |  |
| 1. I have enclosed all documents required for evidence relating to Health and Safety as listed above.
2. I certify the details provided as part of this information are correct and up to date at the point of submission.
3. I confirm that if any accident, incident or dangerous occurrence occurs whilst working on site for Hjaltland Housing Association Ltd, it will be reported on the day it occurs by the quickest means.
4. I have received, read, and fully understood the documents found in the Contractor Agreement Information, which were provided by Hjaltland Housing Association, as part of this application
5. No contract or work or repair orders will be issued unless the Association holds a current Contractor Annual Information and Insurances.
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**Signature:**

**Name & Initials (BLOCK CAPITALS)**

**Position in Company:**

**Date:**

**Company Rates**

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| Please complete the following table, noting approved contractors will be prioritised based on the hourly rates submitted. Please input all rates per hour exclusive of VAT. |
| **Employees** | **Normal rate****8am – 6pm** | **Overtime Rate 1****6pm – 12am** | **Overtime Rate 2****12am – 8am** | **Apprentice Rate** |
| Joiner | £ | £ | £ | £ |
| Plumber | £ | £ | £ | £ |
| Electrician | £ | £ | £ | £ |
| Heating Engineer | £ | £ | £ | £ |
| Painters | £ | £ | £ | £ |
| Plasterers | £ | £ | £ | £ |
| Skilled labourers | £ | £ | £ | £ |
| Semi-skilled labourers | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
| Mileage Rate where applicable |  |

**Out of Hours Working**

|  |
| --- |
| If you are willing to be added to our list of approved contractors for out of hours work, please complete the following information. |
| Emergency Call Out Employee Name |  |
| Emergency Call Out Mobile Number |  |

**Hjaltland Housing Association-Register of Authorised Pass Key Signatories**

Please provide the name of any employee of your company who will be responsible for signing for a Hjaltland Housing Association pass key.

Note: As an employer you are responsible for the integrity of nominated staff to sign for pass keys.

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| **Employee Name** | **Position** |
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