

Subcontractor Application Form



Associated Security Services Ltd.
Security House
25 Addington Street
Manchester
M4 5EU
Tel: 0161 832 2777
info@associated-security.co.uk

Please write N/A next to anything that does not apply to your company. Attach any supporting evidence and email to: Ellen@associated-security.co.uk Subject: Subcontractor evidence *your company name* or post to address at bottom of page.

1. Company Details

Company Name:	
Company Address:	
Contact Name:	
Telephone:	
Fax:	
Email:	
Company Registration Number:	
Number of Employees:	

1.2 Area coverage

	Yes	No
National		
Local area only (Please specify):		

1.3 Please tick the services you supply

Service	Yes	No
Locksmiths:		
Access Control:		
CCTV:		
Safe Installation/Removal:		
Safe Engineering/Service:		
Road Blockers, Bollards and Shutters:		
On site key cutting:		
Other: (Please specify)		

2. Company references

Please provide details of two referees who can attest to your safe working practice.

Company:	
Contact Name:	
Address:	
Email:	
Tel:	

Company:	
Contact Name:	
Address:	
Email:	
Tel:	

3. Insurance

Please provide copies of your relevant insurance documents. Tick to confirm attachment. (Please note this is mandatory)

Attached:	<input type="checkbox"/>
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4. Finance

4.1 Has any Director, Partner, associate company, Secretary or employee been bankrupt or involved in any organisation which has been liquidated? (If so, please give details)

5. Health and Safety

5.1 Does your company have a health and safety policy?

Attached:	<input type="checkbox"/>
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5.2 Does your company have a health and safety handbook?

Attached:	<input type="checkbox"/>
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5.3 Please provide copies of any accreditations or health and safety training you or any of your staff have achieved.

Attached:	<input type="checkbox"/>
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5.4 Please provide examples of risk assessments carried out by you for similar works you would provide for us.

Attached:	<input type="checkbox"/>
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5.5 Please provide an example of one of your COSHH assessments.

Attached:	<input type="checkbox"/>
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5.6 What procedures do you have in place to ensure you have the adequate PPE for the job?

5.5 Please detail the measures in place for assessing the health and safety practices of your subcontractors.

5.6 Do you employ an outside company to advise you on health and safety matters?
If so please provide details:

Company:	
Contact Name:	
Company Address:	
Website:	

5.7 Please provide details of how you communicate with your staff on health and safety issues.

5.8 What is your company's accident reporting procedure?

5.9 Please provide details of, or attach, your last 3 years of accident statistics

6.0 First Aid

6.1 What are your arrangements for first aid? Please attach any first aid certificates.

7.0 Your use of subcontractors

Please note that we have a policy of only using subcontractors that have gone through our rigorous checking procedure. It is your responsibility to make sure each of your subcontractors is approved by us. Should you sub our work to a contractor that has not been approved we would not consider you for further work.

Please be aware that Associated Security Services Ltd. carries out spot checks and we may attend site for monitoring at our own discretion.

Print Name:

Sign:

Date: