



Holy Trinity  
Combe Down



St Andrew's  
Community Church

Dear

As one of our chosen contractors we need to ask you to complete the enclosed company information questionnaire. Not all of the questions may be relevant to your work with us, but we would ask you to complete any questions which are relevant.

If you have any queries about what is needed, please do get in touch with me, in the first instance.

Yours sincerely

Holy Trinity Church  
Church Road, Combe Down, Bath, BA2 5JJ

St Andrews Community Church  
Hawthorn Grove, Bath, BA2 5QA

St Andrews Community Centre  
Hawthorn Grove Bath BA2 5QA

Church Office Church Rooms 2a Avenue Place Combe Down Bath BA2 5EE  
T. 01225 835835 office@htcd.church [www.htcd.church](http://www.htcd.church)

**QUESTION 1 – COMPANY INFORMATION**

Full Company Name:

Head Office Address:

Post Code:

Telephone Number:

Fax Number:

E mail address:

Web Site:

Registered Office:  
If different from above

Date of Registration:

Registration Number:

Number of years trading:

Type of Company:  
(Private, Ltd, Plc etc)**BANK ACCOUNT DETAILS**

Bank Name and Address:

Account Name:

Account Number:

Sort Code:

## QUESTION 2 – SCOPE OF ACTIVITIES

Please provide a description of the services to be provided. Add a brief description of overall Company activities if they are broader.

Please provide details of all memberships, awards, trade or technical accreditations, and professional qualifications which are relevant for the services to be provided. These will help demonstrate your competence to deliver the services above

Please provide copies of certificates where appropriate

Please provide details of all general quality accreditations (e.g. ISO9001, IIP, etc) that you hold.

Please provide copies of certificates where appropriate

**QUESTION 3 – HEALTH AND SAFETY**

Who has responsibility for Health and Safety within your organisation?

In brief, how do you manage Health and Safety?

Do you have a standard method statement indicating safe working methods for the scope of activities above?

YES  NO

If yes, please provide copies.

Do you have generic / pro-forma risk assessments scope of activities above?

YES  NO

If yes, please provide copies.

Do you produce task specific risk assessments and method statements for the scope of activities above?

YES  NO

If yes, please provide copies.

If no to the above. How do you ensure that the working practices and procedures used by your employees and sub-contractors on-site are in accordance with safe working practices? Please provide example.

How do you ensure the competency of your staff and contractors?

Number of notified (RIDDOR) accidents in last 3 years:  
Please provide brief details.

Has your company or any individual employed by your company been prosecuted for any breaches of Health & Safety legislation within the last 5 years including pending action?

If yes, please provide brief details.

YES  NO

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**QUESTION 4 – INSURANCE DETAILS**

Insurance – <i>Please provide copies of certificates</i>	Expiry Date	Limits (£)
Product and Public Liability:		
Employers Liability:		
Professional Indemnity:		
Other Insurance		

**FURTHER INFORMATION**

Please use this space to convey any further relevant information.

Information supplied by:	
Position:	
Contact details:	
Signature:	
Date:	