

	S06	APPROVED SUBCONTRACTOR PART 2A - SAFETY	Section		SAFETY		
			Status		ACTIVE		
			Reference				
			Revision	1	Date:	15 September 2008	
			Sheet No	Page 1 of 6			

S06	APPROVED SUBCONTRACTOR PART 2A - SAFETY	
	<p>NOTE: S05, S06 and S07 collectively supersede Form DF01 contained in the Delmar Health and Safety Policy.</p> <p>INTRODUCTION</p> <p>Evaluating the safety and integrity of all Subcontractors enables Delmar Group Limited (Delmar) to operate to strict safety standards and maintain compliance with the CDM Regulations and the Health and Safety at Work Act.</p> <p>Safety, Commercial and Legal information is collected from potential Subcontractors in confidence to enable Delmar to ensure bonafide and competent contractors are engaged.</p> <ul style="list-style-type: none"> • ALL SUBCONTRACTORS ARE REQUIRED TO COMPLETE FORM S05 • THIS FORM S06 IS FOR SOLE PERSON SUBCONTRACTORS WHO DO NOT AND WILL NOT DIRECTLY EMPLOY OTHERS OR ENGAGE SUBCONTRACTORS • SUBCONTRACTORS WITH EMPLOYEES OR ENGAGING SUBCONTRACTORS OF ANY TYPE ARE REQUIRED TO COMPLETE FORMS S05 AND S07 <p>FIRST NAME.....SURNAME.....</p> <p>DATE OF BIRTH.....</p> <p>NATIONAL INSURANCE NO.....</p> <p>MOBILE.....</p> <p>HOME TEL.....</p> <p>FULL UK DRIVING LICENCE NO.....</p> <p>FULL UK DRIVING LICENCE PENALTY POINTS.....</p> <p>BANK ACCOUNT NO..... SORT CODE.....-.....-</p> <p><u>SINGLE PERSON CONTRACTOR NEXT OF KIN INFORMATION: -</u></p> <p>NEXT OF KIN NAME.....</p> <p>RELATIONSHIP.....</p> <p>MOBILE.....</p> <p>HOME TEL.....</p> <p>NEXT OF KIN ADDRESS.....</p> <p>.....</p> <p>.....</p> <p>CITY.....</p> <p>POST CODE.....</p>	

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			Status			ACTIVE		
			Reference					
			Revision	1	Date:	15 September 2008		
			Sheet No	Page 2 of 6				

INSURANCE

Your organisation is required to be adequately insured to undertake work for Delmar. Please confirm you have signed the Insurance declaration on S05 and you have attached a copy of your Public Liability Insurance to S05: -

YES/NO*

IMPORTANT NOTE: If you employ anyone (employees, or other sole traders or subcontractors) and you previously took out public or employer’s liability insurance on the basis that you are a sole person subcontractor, your insurance policies may be invalidated.

As a Subcontractor who employees anyone (employees, or other sole traders or subcontractors), you would need: -

- **Public Liability Insurance Policy for a minimum of £5M.**

AND

- **Employer’s Liability Insurance Policy.**

I am adequately insured to work for Delmar Group Ltd. My organisation is a sole person subcontractor and I do not employ anyone or engage subcontractors, or sole traders. I will advise Delmar of any changes in our circumstances immediately.

ORGANISATION TRADING NAME.....

PRINT YOUR NAME.....

SIGNED.....DATE.....

POLICY EXPIRY DATE.....CONFIRM POLICY ATTACHED.....

Cont’d...



S06

**APPROVED
SUBCONTRACTOR
PART 2A - SAFETY**

Section	SAFETY		
Status	ACTIVE		
Reference			
Revision	1	Date:	15 September 2008
Sheet No	Page 3 of 6		

HEALTH & SAFETY

1. Please confirm you have signed the declaration in 'Delmar Safety Pack' on Form S05 and that you will work in accordance with the Delmar Health and Safety Policy and the Delmar Safety Pack prepared for each project task: -

YES/NO *

2. Please confirm if you have completed the First Aid and Other Health & Safety Training sections on Form S05: -

YES/NO *

3. How many years TOTAL SERVICE do you have in the construction industry?.....

4. How many years CONTINUOUS SERVICE TO THE CURRENT DATE do you have in the construction industry? (For example, if you answered 10 years to the question above, but you worked in another industry at some point and later returned to construction industry, say 2 years ago, then your answer to this question would be 2 years)

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5. Do you need any training to understand the requirements for RISK ASSESSMENTS AND METHOD STATEMENTS in the construction industry and how to work with them?

YES/NO* DETAILS.....

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6. What are the COSHH regulations used for in the construction industry?

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7. Do you need any training on COSHH? YES/NO*

DETAILS.....

8. CSCS & CPCS

Are you CSCS registered? YES/NO* CARD NO.....COLOUR.....

Are you CPCS registered: YES/NO* CARD NO.....

ISSUED BY.....

AUTHORISED TO OPERATE THE FOLLOWING.....

.....
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S06

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PART 2A - SAFETY**

Section	SAFETY		
Status	ACTIVE		
Reference			
Revision	1	Date:	15 September 2008
Sheet No	Page 4 of 6		

COMPETENCE AND EXPERIENCE

Please confirm you have completed the Competence and Experience section on Form S05: -

YES/NO*

OTHER TRAINING UNDERTAKEN

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SPECIFIC TRAINING REQUIREMENTS

What training do you feel you need to ensure safety to you and others on site?

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How do you intend to achieve this?

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Timescale.....

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	S06	APPROVED SUBCONTRACTOR PART 2A - SAFETY	Section		SAFETY		
			Status		ACTIVE		
			Reference				
			Revision	1	Date:	15 September 2008	
			Sheet No	Page 5 of 6			

ACCIDENTS AND SERIOUS INCIDENTS

Please give details of any accidents and serious incidents which have happened to you the past 3 years. (Please attach copies of your F2508 Accident Report Forms in relation to these Accidents or incidents).

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Enforcement Notices

Please give details of any current Improvement or Prohibition Notices against you.

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Please give details of any prosecutions against you for health and safety breaches.

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			Reference			
			Revision	1	Date:	15 September 2008
			Sheet No	Page 6 of 6		

	<p>OTHER COMMENTS IN SUPPORT OF YOUR APPLICATION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	<p>DECLARATION</p> <p>I have completed Form S05 and the Insurance and Safety Pack declarations.</p> <p>I have read and understood pages [1 -6] of this document. I declare the details supplied on this Form S07 are true and accurate.</p> <p>I understand the responsibilities for site safety within UK law and the Policy of Delmar. I agree to undertake work on behalf of Delmar within the parameters of UK law and Delmar safety standards.</p> <p>I am aware of the requirement for me to be inducted into the Delmar Health & Safety Policy in order to work for Delmar. I will evidence this by signing the Delmar Form S02 after their induction. This requirement is in addition to being briefed on the Safety Pack for each Project AND any Delmar Client Site Induction.</p> <p>I am aware that I must advise Delmar of any change to the information contained in this and related documents.</p> <p>Trading Name (Print)</p> <p>Company Registration No if applicable</p> <p>Signature:.....</p> <p>Print Name:.....</p> <p>Date:</p> <p>Please return this completed document before starting work on site for Delmar or within four weeks of receipt to:</p> <p style="padding-left: 40px;">Operations Manager DELMAR GROUP LIMITED Somer House Great Northern Terrace Lincoln LN5 8HJ</p>	