

## CONTRACTOR / TRADESPERSON APPLICATION

## Please complete the following form and return it and any accompanying documents to:

TrustMark Applications
Independence Community Interest Company
Chislehurst Business Centre
1 Bromley Lane
Chislehurst
BR7 6LH

## If you have any queries or need support please contact:

**Email:** support@incic.org.uk

**Tel:** 0845 4592316

Thank you for applying to join Independence's TrustMark Scheme

Jonathan Sherry Managing Director





## **Contractor Details**

Name:
Address:
Tel: Mobile:
Email:
Trade/Skill:
Scope of work: Please indicate the minimum and maximum value of the work you are prepared to undertake: From: £
Company Registration (if applicable)
VAT Registration number (if applicable):
Do you need a permit to work in the UK? YES/NO
No. of employees:
Subcontractors: Do you subcontract work to other traders or sole traders?  YES/NO
If yes please be aware that you will need to ensure that they are permitted to work in the UK, are properly qualified and that you have adequate evidence that they are. You will be required to ensure that they comply with our policies.





		Rating
Training		
Have you recently undertaken any of the following types of training courses?	YES/NO	
<ul> <li>Site Safety for Operatives or Supervisors</li> <li>Site Safety for Supervisors</li> <li>Asbestos Awareness</li> </ul>		
<ul> <li>Trade or Skill (refresher)</li> </ul>		
<ul> <li>First Aid Course (4 day full or 2 day refresher)</li> <li>Other Health &amp; Safety related training (e.g. Fire)</li> </ul>		
If yes, please indicate $()$ which and provide course details, dates and copies of certificates where possible.		
Qualifications/Memberships		
Are you working towards or do you currently hold any of the following qualifications or individual memberships?	YES/NO	
Construction Skills Certification Scheme card (CSCS) (Trainee, Operative, Experienced, Supervisory)  Client Contractor National Safety Crown Safety Basenert  On the Contractor National Safety Crown Safety Basenert		
<ul> <li>Client Contractor National Safety Group Safety Passport (CCNSG)</li> <li>Construction Plant Competence Scheme (CPCS) or equivalent</li> </ul>		
<ul><li>operators card</li><li>Construction Industry Scaffolders Record Scheme (CISRS),</li></ul>		
<ul><li>Gas Safe, Powered Access Licence, SKILLcard, other</li><li>NVQ, C&amp;G or Certificates</li></ul>		
Trade or Professional Associations		
If yes, please indicate $()$ which and provide a photocopy of the cards, certificates or relevant correspondence as appropriate.		
Experience		
Do you have relevant work experience?	YES/NO	
If yes, please provide details such as a list of some recent projects or contracts on which you have worked along with contact details of who can verify that the work was carried out with due regard for health and safety.		





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Insurance		
Do you have any of the following insurance cover?	YES/NO	
Public and Product Liability Employers' Liability Personal Accident		
If yes, please indicate $(\sqrt)$ which and provide a copy of your current insurance schedules which should contain the level of cover held, policy numbers and expiry dates.		
Customer References		
As part of the application process you must provide 3 different customer references for work you have carried out in the past 18 months.		
Please give details of customers who are willing to provide a reference on the questionnaire that we will send to them. Their replies will be treated as confidential.		
1 <sup>st</sup> Referee		
Name:		
Address:		
Contact no.:		
2 <sup>nd</sup> Referee		
Name:		
Address:		
Contact no.:		
3 <sup>rd</sup> Referee		
Name:		





Address:	
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Contact no.:	
Site Inspections	
You are entitled to a maximum of 4 listings on the website under	
different categories. To comply with the TrustMark standards, we are	
required to carry out inspections of your work for each category.	
Please provide details below:	
1 <sup>st</sup> Site	
Category:	
Nama	
Name:	
Address:	
Addices:	
Contact no.:	
2nd Site	
Category:	
Category	
Name:	
Address:	
Contact no.:	
3 <sup>rd</sup> Site	
5 Site	
Category:	
Name:	
Address:	





Contact no.:	
4 <sup>th</sup> Site	
Category:	
Name:	
Address:	
Contact no.:	
Criminal Convictions and Insolvency	
Please answer the following questions. If the answer to any of them is 'YES' please provide further details on a separate page and attach it to this assessment form.	
Have you or any of the directors, partners or proprietors (if appropriate):	
Been disqualified from being a director under the Insolvency Act?	
Been convicted of any criminal offences involving dishonesty?	
Been declared bankrupt?	
<ul> <li>Been subject to a prosecution or undertaking by any trading standards authority?</li> </ul>	
Declaration	
I declare that the details and information provided are correct to the best of my knowledge and belief.	
If accepted by Independence Brokerage Services CIC as a member of its TrustMark scheme I agree to abide by its policies and codes of practice.	
I agree to sign TrustMark's sub-licence agreement.	
I agree that Independence Brokerage Services CIC may carry out all reasonable enquiries and checks into me/my company to ensure suitability to register for the TrustMark scheme, including periodic onsite inspections.	





I agree to indemnify Independence Brokerage Services CIC in respect of all actions, claims, proceedings, costs, damages, loss or injury which Independence Brokerage Services CIC may suffer as a result of any negligence in relation to the works I (or my subcontractors) undertake as part of this scheme.		
Signed:		
Date of Completion:		
Required Action:	Grading:-	
Evaluated By:Date:		

