Sub-Contractor PQQ

This questionnaire is designed to help ASKQS Limited / TA ASK Groundworks and Civils assess the Health, Safety, Quality & Environmental standards that their sub-contractors are working to.

All sub-contractors that wish to be on ASKQS Limited / TA ASK Groundworks and Civils’ preferred contractor list must complete this questionnaire in full and submit it along with the required supporting documents to info@askgw.co.uk

It may be necessary to split a large email with attachments into multiple smaller emails to ensure they are not rejected by the email server.

Emails should be submitted with the name of the project you are interested in tendering for in the ‘Subject’ field. Unsolicited emails may not be reviewed – if in doubt contact 0161 764 4447

It is the responsibility of the Site Manager/Contracts Manager to review/comment and approve the information once received from the subcontractor

|  |
| --- |
| Company Details |
| Name of Business |  |
| Organisation Type |  |
| Reg Number |  |
| Office Address (Inc Postcode) |  |
| Vat Number |  |
| UTR Number |  |
| NI of Partners / Sole Traders(If not Limited Company) |  |
| Website |  |
| Contact Name |  |
| Contact Phone  |  |
| Contact Email |  |
| Name of Bank |  |
| Sort Code: |  |
| Account Number |  |
| % of Service provided that is Labour |  |
| Confirm that you are happy for ASK to Self-Bill? | Yes/ No  |
| HSE Accreditations?(Please Attach Copies) |  |
| Environmental Accreditations?(Please Attach Copies) |  |
| Employers Liability?(Please Attach Copies) |  |
| Public Liability?(Please Attach Copies) |  |
| Professional Indemnity Insurance? (Please Attach Copies) |  |

|  |
| --- |
| Reference 1 |
| Name of Firm |  |
| Website |  |
| Contact Name: |  |
| Contact Telephone Number |  |
| Contact Email |  |
| Type of Work Done |  |
| Value of Work Done |  |
| Date Complete |  |
| ASK USEReference Check Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did Referee confirm: |  |
| Quality of Work |  |
| Timescales  |  |
| Proper HSE Policies |  |
| Final Account as Quotation |  |
| Other Comments  |  |

|  |  |
| --- | --- |
|  |  |
| Reference 2 |
| Name of Firm |  |
| Website |  |
| Contact Name: |  |
| Contact Telephone Number |  |
| Contact Email |  |
| Type of Work Done |  |
| Value of Work Done |  |
| Date Complete |  |
|  |  |
| ASK USEReference Check Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did Referee confirm: |  |
| Quality of Work |  |
| Timescales  |  |
| Proper HSE Policies |  |
| Final Account as Quotation |  |
| Other Comments  |  |

|  |
| --- |
| Signatures |
| I declare the information provided within this questionnaire to be accurate and true. I confirm that I have read and understood the ASK Standard Terms and Conditions for Sub-Contractors and confirm my agreement to them. |
| Name |  |
| Date |  |
| Signature |  |
| For and on Behalf of: (Name of Firm) |  |
|  |  |
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|  |  |