

**SELF-EMPLOYED OPERATIVE COMPETENCY VALIDITY FORM**

If a sub-contractor employs staff or use subcontractors, use form QMF 840-005 PQQ and competence questionnaire

<b>Do you employ or will you appoint subcontractors or labour only personnel?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do not complete, use form QMF 840-005.			
Working for Campbell Smith & Co Ltd		<input type="checkbox"/>	
Working for Cousins Ltd		<input type="checkbox"/>	
Working for Cousins Building & Refurbishment		<input type="checkbox"/>	
<b>A. SELF EMPLOYED OPERATIVE'S DETAILS:</b>			
<b>Details that are not filled out, filled out incorrectly or unclear will result in delays in payment while the Accounts Department resolve these issues</b> <b>PLEASE COMPLETE IN CAPITALS</b>			
Who is your point of contact Cousins/ Campbell Smith		Period known to point of contact	
Company name (if applicable)		Number of years trading under the company name	
First Name (PRINT)		Surname (PRINT)	
Have you been known as any other names in the past (PRINT)		Previous surname (if applicable) (PRINT)	
Date of Birth		Nationality	
Ethnicity		Place of Birth	
Full Postal Address and Postcode			
Telephone Number(s)	Mobile:	Land Line:	
<b>E-mail address (PLEASE COMPLETE IN CAPITALS)</b>			
Trade		Supply & fix / Labour only ( <i>delete as appropriate</i> )	
Trading status	Sole trader / Limited Company ( <i>delete as appropriate</i> )		
National Insurance No		Company registration No.	
UTR (Unique 10 digit No.)		VAT Registration No.	
CSCS Card Type		CSCS Expiry Date	
CSCS Card No.			
Asbestos Awareness training within the past 12 months ( <b>please supply copy of certificate</b> )		Date of expiry	
Any other applicable cards		Associated body	
		Registration number	
		Expiry date	
Core Skills & Experience			
Relevant Qualifications/ Training Please list each qualification and the expiry date	<b>Training course/ Qualification</b>		<b>Expiry date</b>
<b>Evidence of successful achievement /attendance/ Completion of the course will be required to ensure continued employment</b>			

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<b>B. BANK DETAILS:</b>			
Name of Bank/ Building Society		Account Number (8 Digit)	
Name on Account (As detailed on the card)		Sort Code (6 Digit)	
<b>Insurance (All to complete)</b>			
<b>Public Liability Insurance Cover Level</b>		<b>Copy required</b>	
Policy Number			
Expiry Date			
<b>Professional Indemnity Insurance Cover Level</b>		<b>Copy required (if applicable)</b>	
Policy Number			
Expiry Date			
<b>C. STATEMENT:</b>			
<b>(Each point should be completed as applicable)</b>			
I confirm I do not employ any other labour (in any form) to assist in undertaking works. <i>If I require additional assistance I will notify Cousins/ Campbell Smith prior to utilising their services</i>			<input type="checkbox"/>
I will notify Cousins / Campbell Smith of any changes to my business that may affect their works			<input type="checkbox"/>
I have developed a Health and Safety policy which has been reviewed and signed within the past 12 months. <i>Provide a copy of the signed Health and Safety Policy statement.</i>			<input type="checkbox"/>
I will provide proportionate health and safety resources to support the undertaking of my business to ensure compliance with the Management Health and Safety at Work Regulations 1999			<input type="checkbox"/>
I will work safely in my undertaking of my works and will notify the Site Manager or point of contact of any Health and Safety concerns that I encounter			<input type="checkbox"/>
I will work to all HSEQ requirements defined within the Cousins/ Campbell Smith HSEQ management systems.			<input type="checkbox"/>
I or my trading name have <b>not</b> been subject to any enforcement notices from the enforcing agencies (HSE/ Local Authority/ Environment Agency etc. within the past 3 years <i>If, Yes, provide details of the issued notice and measures taken to remedy the issue</i>			<input type="checkbox"/>
I will use tools/ plant/ equipment that are hired from reputable hire companies only, industrial standard, reputable brands with BSEN numbers and ensure these are serviced and maintained in accordance with the manufacturer's instructions - <b>Plant / tools may be subject to spot checks for PAT etc.</b>			<input type="checkbox"/>
I am able to provide a copy of the HMRC Registration letter/ CIS card <i>(Cousins /Campbell Smith will undertake checks to confirm authenticity)</i>			<input type="checkbox"/>
I have completed the Right to Work form (QMF 710-023) <i>(Please include with this submission with the required evidence)</i>			<input type="checkbox"/>
I am able to provide evidence of my past training and qualifications relevant to my trade			<input type="checkbox"/>
I have read the Privacy Notice overleaf and consent to my personal data being used as described.			<input type="checkbox"/>
<b>D. SIGNATURE:</b>			
Signature of Person Completing this form confirming that all the above are a true reflection to the best of your knowledge and acceptance to adhere to the above		Print name	
		Date	

**SELF-EMPLOYED OPERATIVE COMPETENCY VALIDITY FORM****Data Privacy Notice**

Cousins Group (Contractors) Ltd comprises of three companies, Cousins Ltd, Cousins Building & Refurbishment Ltd and Campbell Smith & Co Ltd.

In order for us to meet our obligations as agreed in your contract of employment or your contract for services with us we ask you to provide us with some personal information about yourself. We will only ask for information that we need for this purpose, and we will keep your information secure either electronically in our computer system or in paper form in secure cabinets. It will only be seen by people who need it for their job.

We will share relevant parts of your information between group companies, and other organisations, such as HMRC, in order to meet our duties as your employer, and by signing this document, you consent that we may store and use your information to fulfill our legal or contractual obligations.

We may share your training record and qualifications with clients to demonstrate your competence and to help the company to secure business.

You have the right to:

- request a copy of personal information about you that we hold
- request the correction of any errors in information about you that we hold
- complain about information about you that we hold

You may also ask us to delete your information or withdraw your consent to us holding your personal information, however if you do this, we may not be able to allocate you to some work, or pay you what you are due.

Your data will be kept for as long as you are employed by the company. After you leave we will only keep it for the time required for us to meet our legal and contractual obligations to you or your estate.

We will not transfer your information to a country outside the UK without your express permission.

Cousins Group (Contractors) Ltd, or its subsidiaries, are the Data Controller in respect of the UK General Data Protection Regulations, and the company's Data Protection Officer is Graham Williamson. If you have any questions or complaints about how we store and process your information, please contact either Graham Williamson or the HR Department, who can be contacted at the company's head office at Fleet.

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**ASSESSORS REVIEW FORM (TO BE COMPLETED BY COUSINS GROUP ASSESSOR)**

Section A		
Criteria satisfied	Finding	Comments/ Reasons for rejection / Further information required
Are personal details completed in full	Yes / No	
Qualifications are sufficient for the trade	Yes / No	
Section B		
Are Bank / Building Society details completed	Yes / No	
Statement C		
Are the areas of the statement completed answered in full (any outstanding areas)	Yes / No	
Insurances		
<i>Is the insurance coverage suitable (Does it cover the works we are requesting the services)</i>	Yes / No	
<i>Who is covering the Contractor (Cousins if a labour only or individual cover?)</i>		

I. The individual has provided evidence confirming the sub-contractor's HMRC registration letter/CIS card and I/we are satisfied that it is genuine.	Yes / No
II. The individual has a completed a "Right to Work" form (QMF 710-023) with the relevant forms and the required documentary evidence	Yes / No

Comments on submission

<b>Approved or Rejected</b>		<b>Date of Assessment</b>	
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<b>Signature of Cousins HSE or Quality Manager Assessing this Application</b>		<b>Print name</b>	
		<b>Date</b>	