



CHILDCARE & EARLY YEARS CAPITAL GRANT PROGRAMME

SMALL CAPITAL GRANTS SCHEME

CONTRACTOR QUESTIONNAIRE

Contractor Name	
Registered Address	
Email Address	
Contact Telephone Number	
VAT Registration Number	

1. Insurance

It is a requirement that any contractor holds appropriate Public Liability Insurance Cover. Please provide the following details of your Public Liability insurance below and provide a copy of the insurance certificate.

Insurance Company	
Policy Number	
Expiry Date	
Level of Cover (£)	
Please tick to confirm that you have attached a copy of your insurance certificate	<input type="checkbox"/> Yes

2. Health and Safety Policy

All companies with **FIVE OR MORE** employees must have a Health and Safety Policy. Please provide a copy of your Health and Safety Policy.

Please tick to confirm that you have attached a copy of your Health & Safety Policy: Yes

If the above does not apply to your company, please provide a statement of how you will ensure Health and Safety requirements are implemented and adopted in practice.

3. Competent Person Scheme

Where applicable, all contractors must be registered with a government-approved Competent Person Scheme. Examples of Competent Person Scheme related works include:

Work	Competent Person Scheme
Replace windows / external doors	FENSA registered installer or equivalent
Gas works	Gas Safe registered contractor or equivalent
Electrical work	NICEIC registered contractor or equivalent
Solar Panel Installations	MCS Certified

Are you registered with a government-approved Competent Person Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please confirm which Scheme you are registered with	
If so, please tick to confirm you have attached evidence of your registration	<input type="checkbox"/> Yes

4. Removing and Disposing of Waste

Where applicable, please state the arrangements you have in place to ensure that any waste is removed from the site and disposed of in an appropriate responsible manner.

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Please state whether you are a registered waste carrier.

Yes No

5. Declaration

I confirm that to the best of my knowledge, the information provided in this questionnaire (including any supporting information and evidence) is true and accurate.

Signature		Position	
Name		Date	

Click button below to save form then please email to:
RCTChildcareGrants@rctcbc.gov.uk

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Mae'r ddogfen hon ar gael yn Gymraeg

This document is also available in Welsh

Mae croeso i chi gyfathrebu â ni yn y Gymraeg
You are welcome to communicate with us in Welsh