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| 1. **PROPOSAL INFORMATION**
 |
| Proposer Name |  |
| TMCA Member Company |  |
| 1. **COMPANY DETAILS**
 |
| Company Name |  |
| Trading Address |  |
| Telephone |  | Mobile |  |
| Website |  | Email |  |
| Contact Name |  |
| Established |  |
| VAT Number |  |
| Company Registration Number |  |
| Unique Tax Ref (UTR) |  |
| National Insurance Number (Sole Traders, Partnerships) |  |
| Provide details of any current or previous directorships of any other businesses within the TM industry. |  |
| Are there any potential conflicts of interest by your company or directors by being a member of the TMCA Supply Chain Charter? If yes, please provide details. |  |
| 1. **RESOURCE DETAILS**
 |
| 12A/B Operatives |  |
| 12C Operatives |  |
| 12D Operatives |  |
| Trainees |  |
| Office or Support |  |
| 1. **INSURANCE**
 |
| Employers Liability | Insurer |  |
| Policy Number  |   |
| Expiry Date |  |
| Limit of Indemnity |  |
| Public Liability | Insurer |  |
| Policy Number  |   |
| Expiry Date |  |
| Limit of Indemnity |  |
| 1. **ACCREDITATIONS AND POLICIES**
 |
| Please confirm if you have any of the following: |
| ISO 45001 or 18001 |  |
| SSIP |  |
| CHAS |  |
| Constructionline |  |
| Achilles |  |
| Do you have a Health & Safety Policy? (Only applicable if 5 Employees or More) |  |
| Do you have a Drug & Alcohol testing Policy? |  |
| Do you have a Working Time Policy and Fatigue Management Policy for the monitoring and management of working hours? |  |
| Do you have a GDPR Policy? |  |
| 1. **PERSONNEL ARRANGEMENTS**
 |
| Do you carry out inductions with all personnel? |  |
| Do you maintain a training matrix for the personnel you provide? |  |
| Do you provide in house tool box talks or cascade third party ones to your personnel? |  |
| Do all personnel you will provide to TMCA members hold a Safety Critical Medical? |  |
| Do you undertake Drug & Alcohol Testing/Screening of your employees? |  |
| 1. **PREVIOUS EXPERIENCE AND REFERENCES**
 |
| How many years have you provided TM personnel to the industry? |  |
| Are you happy for us to contact the references provided below? |  |
| Reference 1 |
| Company |  |
| Contact Name |  |
| Telephone |  |
| Email |  |
| Reference 2 |
| Company |  |
| Contact Name |  |
| Telephone |  |
| Email |   |
| 1. **SIGN OFF**
 |
| The information provided in the document is correct and true to the best of my knowledge. |
| Name |  |
| Position |  |
| Signed |  |
| Date |  |