|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |  | | | | | | |