



CONTRACTOR APPROVAL FORM (Less than five employees)



Jersey Electricity operates a contractor vetting and approval system. Our purchasing policy dictates that Jersey Electricity will only employ the services of approved contractors.

It is essential that all parts of this application form are fully completed and that copies of all relevant documents as listed in section 7 of this document are returned with the completed application form. Where a question is not relevant to your company you should write 'not applicable' (N/A).

Failure to complete all sections of this form or failure to return appropriate documents will result in this application being rejected.

The information contained in this application will be treated as confidential and will not be disclosed to any third parties.

The completed form should be returned by email, fax or post to:

Mr. Kevin Bonass Jersey Electricity plc The Powerhouse, PO Box 45, Queens Road, St. Helier, Jersey JE4 8NY

Tel No	01534 505219
Email	kbonass@jec.co.uk

	SECTION 1 GENERAL COMPANY INFORMATION			
1	Company Name			
2	Company Address			
3	Company Registration No			
4	Type of Company (eg Limited/PLC/Sole Trader)			
5	Years in operation			
		Managers		
6	Number of employees	Supervisors		
		Manual Operatives		
7	Association with other companies			
8	List of directors			
9	Membership of industry or professional bodies			

SECTION 2 CUSTOMER REFERENCES

Please submit a minimum of three customers' references. These references will ideally be from customers for whom you are providing a similar service to the one that Jersey Electricity requires.

Reference 1	
Name	
Address	
Contact	
Tel No	
Email	
Reference 2	
Name	
Address	
Contact	
Tel No	
Email	
Reference 3	
Name	
Address	
Contact	
Tel No	
Email	

			ION 3 ND SAFETY		
1	Do you have a Health ar If Yes, please submit a co			Yes	No
	Please give a summary o	f any accidents for th	e past three years.		
		Current year	Last year	Year before lo	ıst
	Fatal accidents				
2	Major injuries (more than three days absence)				
	Less than three-day accidents				
	Incidents and near misses				
	Number of employees				
3		I safety legislation or in the past five years?		Yes	No
	Are you able to submit so If Yes, please attach rece	•	nts and Method Statements? oplication form.	Yes	No
4	If No, will you be willing produce them?	to seek help from a c	competent person in order to	Yes	No
5	Do you have any objection an inspection of any site		of Jersey Electricity carrying out	Yes	No

SECTION 4 SUB-CONTRACTORS				
Do you employ sub-contractors?	Yes	No		
If you do employ sub-contractors, please list them				
If you do employ sub-contractors how are they vetted?				

	SECTION 5 ENVIRONMENT CONSIDERATIONS			
1	Does your Company have a written Environment Policy Statement? If yes, please submit a copy with this application.	Yes	No	
2	Does your Company have policies and procedures for waste management and pollution control? If yes, please submit a copy with this application.	Yes	No	
3	Has your Company been convicted for offences under Environmental Legislation, the Statutory Nuisance Law, or been served an improvement notice or had a licence revoked in the last 3 years? If Yes, please give details	Yes	No	

SECTION 6 COMMERCIAL INFORMATION				
6.1 Financial Standing				
Please confirm your annual turnover			Last year	
		-	Previous year	
6.2 Insurance Details		I		
Please provide details of Insof insurance.	surance Policies held by you a	ınd sub	mit copies of the poli	cy certificates for each type
Employer's Liability				
Insurer's Name				
Limit of Liability		Expiry Date		
Excess		Policy Number		
Public Liability				
Insurer's Name				
Limit of Liability		Expiry	Date	
Excess		Policy	Number	

SECTION 7 SUBMISSION DETAILS

Please confirm that copies of the following documents have been submitted with this form.

Documents	Attached	
Health and Safety Policy Document	Yes	No
An example of a Risk Assessment	Yes	No
An example of a Method Statement	Yes	No
An Environmental Policy Statement	Yes	No
Current Public Liability Insurance Certificate	Yes	No
Current employer's Liability Insurance Certificate	Yes	No

Application completed by

I certify that the information given in this form and in any supporting documents is correct and complete and undertake to inform Jersey Electricity of any changes in circumstances in any of the above areas. I understand that failure to comply with any of these undertakings, once given, may lead to the contract (if awarded) being cancelled forthwith, whether or not the works have commenced. In the case of cancellation monies will only be paid for actual work carried out up to the point of cancellation and not for any loss of profit or any other costs not directly associated with the work already carried out.

Application completed by	
Position	
Date	
Tel No	
Email	

SECTION 8 RECOMMENDATIONS (For Jersey Electricity Internal Purposes Only)

Based on the information provided within this questionnaire and at the subsequent meeting, we recommend that we do/we do not approve this Contractor to carry out work on behalf of the Jersey Electricity plc.

Name	Accepted or Rejected	Signed	Department	Date
			Procurement	
			User Department	
			Health and Safety (if required)	

		Health and (if required	d Safety J)
If the recommendation is <u>not</u> to o	approve the Supplier,	please list reasons:	
Any further comments:			
Details entered on Navision:			
Entered on Navision by:			