



SUB-CONTRACT PRE QUALIFICATION QUESTIONNAIRE

Contractor / Ltd Company Name (if applicable)

PERSONAL DETAILS

| | | | |
|---------------|--|---------|--|
| Forename | | Surname | |
| Address | | | |
| Postcode | | | |
| Telephone | | Mobile | |
| Date of Birth | | | |
| N.I number | | | |

NEXT OF KIN DETAILS

| | | | |
|--------------|--|----------------|--|
| Name | | Contact Number | |
| Relationship | | | |

HEALTH & SAFETY

| | | | |
|---|--|--|--|
| Services to be provided? | | | |
| To the best of your knowledge, are you fit to perform the duties involved in the services you are to provide to RCP Ltd | | | |
| Where required would you consent to a medical examination (fit to work assessment): | | | |

Have you at any time suffered from any of the following conditions?

| Condition | Yes | No |
|---|-----|----|
| Dermatitis or Skin Trouble | | |
| Gastric or Duodenal Ulcer | | |
| Deafness, Ear Infections, Sinusitis | | |
| Bronchitis, Asthma, TB, Hay fever | | |
| Rheumatic Fever, Heart Trouble | | |
| Diabetes | | |
| Nervous Breakdown or Mental Trouble | | |
| Rupture or hernia | | |
| Do you wear glasses or contact lenses | | |
| Had a serious accident at work | | |
| Are you currently receiving medical treatment | | |
| Do you have back trouble or any slipped discs | | |
| Rheumatism, Arthritis, Fibrosis | | |
| Any deformity | | |
| Fits, fainting, Giddiness, Epilepsy | | |
| Migraine | | |



| | | | |
|--|--|--|--|
| Swollen ankles, Varicose veins | | | |
| Other (Give details) | | | |
| If you have answered YES to any question above, please give more details. | | | |

Please provide details of any other illnesses, conditions or injuries, past or present, which you feel may be relevant or impact upon your ability to perform the duties involved in the services you are to provide:

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

| Training Type | | Expiry Date Format is E.G 12-Jan-2018 |
|--------------------------------|--|--|
| CSCS Card | | |
| IOSH Managing Safely | | |
| NVQ | | |
| SMSTS | | |
| SSSTS | | |
| Emergency First Aid | | |
| Qualitative Face Fit Tester | | |
| Fire Marshall/Warden | | |
| Traffic marshall/banksman | | |
| Slinger/Signaller | | |
| Lifting Ops – Appointed Person | | |
| PASMA (User) | | |
| PASMA (Advanced) | | |
| PASMA (Towers of stairs) | | |
| IPAF (PAV) | | |
| IPAF (1a) | | |
| IPAF (1b) | | |
| IPAF (3a) | | |
| IPAF (3b) | | |
| IPAF (MCWP) | | |
| IPAF (MM) | | |



| | | |
|---------------------------|--|--|
| Harness trained | | |
| Hilti DX cartridge gun | | |
| Hilti GX gas actuated gun | | |
| Paslode nail gun | | |
| Dewalt nail gun | | |
| PA Tester | | |
| Manual Handling | | |
| Working at height | | |
| Abrasive Wheels | | |
| Other (Give details) | | |

REFERENCES

| | |
|----------------|--|
| Name | |
| Contact Number | |
| Email | |
| Address | |

| | |
|----------------|--|
| Name | |
| Contact Number | |
| Email | |
| Address | |

DECLARATION

(Please read this carefully, then sign and date your application)

I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made.

| | |
|---|--|
| Applicants Signature <i>Print name is accepted</i> | |
|---|--|

Date