# AUDIT APPLICATION FORM

## APPLICANT DETAILS

|  |  |
| --- | --- |
| Company Name: |       |

|  |  |
| --- | --- |
| Safe-T-Cert Number | **NI**  |
|  |  |
| Address |       |
|  |       |
|  |       |
| Postcode |       |

|  |  |
| --- | --- |
| Contact Name |       |
|  |  |
| Position |       |  | Consultant | [ ]  |
|  |  |  | Employee | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone |       | Fax |       |
|  |  |  |  |
| Mobile |  | Website |  |

|  |  |
| --- | --- |
| Email |       |

|  |  |  |  |
| --- | --- | --- | --- |
| No of Direct Employees |       | No of Bonefide Sub-Contractors |       |
|  |  |  |  |
|  |  | No of Labour Only Sub-Contractors |       |

**TYPE OF AUDIT**

[ ]  Full audit (every 3 years) [ ]  First verification audit

[ ]  Second verification audit

**TURNOVER**

|  |  |
| --- | --- |
| My turnover for the last financial year was £ |       |

|  |  |
| --- | --- |
| I enclose confirmation of my turnover for the last financial year | [ ]  |

**AUDIT FEES**

|  |  |
| --- | --- |
| ***Company Turnover*** | ***Audit Fee*** |
|  £0 - £1 million |  £595.00 + £119.00 VAT = £714.00 |
|  £1 - £5 million |  £925.00 + £185.00 VAT = £1110.00 |
|  £5 - £15 million |  £1240.00 + £248.00 VAT = £1488.00 |
|  £15 - £30 million |  £1915.00 + £383.00 VAT = £2298.00 |
|  £30 million + |  £2305.00 + £461.00 VAT = £2766.00 |

**PAYMENT METHOD**

**Please indicate your method of payment – payment must be made with your application to secure the audit.**

*BACS* [ ]

|  |  |  |
| --- | --- | --- |
| BACS Payment of £ |       |  has been transferred to: |

Sort code: 95-01-21

Account number: 81261398

Bank Name: Danske Bank

Branch Name: Donegall Square West

*Cheque* [ ]

|  |  |  |
| --- | --- | --- |
| I enclose my cheque for £ |       |  made payable to ***Construction Federation Services Ltd*** |

***Please return your application by post to:***

***Construction Federation Services Ltd***

***143 Malone Road***

***Belfast***

***BT9 6SX***

***Or by email if you are paying by bacs/card to:*** ***Kathrynw@cefni.co.uk***

**CONSTRUCTION ACTIVITIES:**

Please list the construction activities to be covered by the Audit

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

**CONSULTANT(S) USED TO PREPARE FOR THE AUDIT (if applicable):**

|  |  |
| --- | --- |
| Consultancy firm: |       |
|  |  |
| Address |       |
|  |       |
|  |       |
|  |  |
| Consultant Name |       |
|  |  |
| Qualifications |       |

**CURRENT PROJECTS (continue on separate sheet if applicable)**

|  |  |
| --- | --- |
| Project |       |
|  |  |
| Address |       |
|  |       |
|  |       |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date |       | End Date |       | No of workers on site |       |

|  |  |
| --- | --- |
| Project |       |
|  |  |
| Address |       |
|  |       |
|  |       |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date |       | End Date |       | No of workers on site |       |

**PREVIOUS PROJECTS (continue on separate sheet if applicable)**

|  |  |
| --- | --- |
| Project |       |
|  |  |
| Address |       |
|  |       |
|  |       |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date |       | End Date |       | No of workers on site |       |

|  |  |
| --- | --- |
| Project |       |
|  |  |
| Address |       |
|  |       |
|  |       |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date |       | End Date |       | No of workers on site |       |

**SINCE THE DATE OF YOUR LAST AUDIT HAVE YOU HAD ANY:**

|  |  |  |
| --- | --- | --- |
|  |  | **Number** |
| **1** | **Fatalities** |  |
| **2** | **Major Incidents** |  |
| **3** | **Prohibition Notices** |  |
| **4** | **Improvement Notices** |  |
| **5** | **Prosecutions** |  |
| **6** | **Other RIDDOR Incidents**  |  |

## APPLICATION

On behalf of the above company I confirm that:

1. the activities are being conducted under a health and safety management system
2. the above system has been in operation for at least three months
3. the organisation is ready to be audited.
4. The information above is true and accurate

I, therefore, make application for the company to be audited and to be certificated, according to the rules of Safe-T-Cert as outlined in the Scheme Guide.

|  |  |  |
| --- | --- | --- |
| SIGNED: |        | (Principal or Director) |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME:  |       |  DATE |      . |

**Protecting your personal data**

Safe-T-Cert holds basic personal data which is necessary to process your registration/certification with the scheme.  Details of the personal data held and how it is managed is set out in our Privacy Policy which is available on <https://www.cefni.co.uk/privacy-policy>.