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| **NFRC COMPETENT PERSON SCHEME**  DESK-BASE AUDIT FORM IF56a | |  | | | | | Date | | | |  |  | | |  | | |  | |  |
|  | | | | |  | | | | MM |  | | | DD | | |  | | YY |
| Your name |  |  | | | | | | |  | | | | | | | | | | | |
|  | Name of Representative/Executive |  | | | | | | |  | | | | | | | | | | | |
| Please enter your company name | | Legal Entity of Company: | | | | | | |  | | | | | | | | | | | |
| Please enter your email address | | Company Email Address: | | | | | | |  | | | | | | | | | | | |
| Please enter your NFRC CPS Account ID | | NFRC CPS ID Number: | | | | | | |  | | | | | | | | | | | |
| Are you a member of NFRC’s Trade Association? If so, please provide your membership number | | Yes: | |  | | No: | | |  | | | | ID No: | | | |  | | | |
| Do you consent to NFRC CPS sharing your data with NFRC’s Trade Association? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| Do you consent to NFRC CPS sending you Scheme information via text message and email | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| Please specify your company type (Sole Trader, Limited etc) | | Company Type: | | | | | | |  | | | | | | | | | | | |
| Please enter your company’s registered office address | | Registered Address: | | | | | | |  | | | | | | | | | | | |
| Please enter your company’s registration number | | Company Registration Number: | | | | | | |  | | | | | | | | | | | |
| Please state the date your company commenced trading | | Commencement of Trading Date: | | | | | | |  | | | | | | | | | | | |
| Please advise the number of Directors within your company | | Number of Company Directors: | | | | | | |  | | | | | | | | | | | |
| Have any owners, partners or directors of the organisation ever been disqualified under the companies act? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| Is your company VAT registered? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| Please state your company’s VAT registration number | | VAT Registration Number: | | | | | | |  | | | | | | | | | | | |
| Please state your company’s trading name (if different from Company Name): | | Company Trading Name: | | | | | | |  | | | | | | | | | | | |
| Please state your company’s trading address (if different from your registered office address): | | Company Trading Address: | | | | | | |  | | | | | | | | | | | |
| Please state your company’s telephone number: | | Company Telephone Number: | | | | | | |  | | | | | | | | | | | |
| Please advise your company’s website name / URL: | | Company Website Name / URL | | | | | | |  | | | | | | | | | | | |
| *Please send a copy of your company’s logo and biography for inclusion in our register of NFRC CPS companies* | | | | | | | | | | | | | | | | | | | | |
| Who is the principal contact at your company? | | Principal Contact’s Name: | | | | | | |  | | | | | | | | | | | |
| What is the principal contact’s direct contact number? | | Principal Contact’s Direct Telephone Number: | | | | | | |  | | | | | | | | | | | |
| What is the principal contact’s email address? | | Principal Contact’s Email Address: | | | | | | |  | | | | | | | | | | | |
| Who is the finance contact at your company? | | Finance Contact’s Name: | | | | | | |  | | | | | | | | | | | |
| What is the finance contact’s direct contact number? | | Finance Contact’s Direct Telephone Number: | | | | | | |  | | | | | | | | | | | |
| What is the finance contact’s email address? | | Finance Contact’s Email Address: | | | | | | |  | | | | | | | | | | | |
| *Each company must have a nominated Competent Person – this person is responsible for authorizing the issue of the Building Regulations Compliance Certificate and must be competent to ensure all completed works are compliant with current building regulations, relevant standards, and manufacturer’s guidelines.* | | | | | | | | | | | | | | | | | | | | |
| Please advise the name of your company’s nominated Competent Person? | | Name of Nominated Competent Person: | | | | | | |  | | | | | | | | | | | |
| Please name the person within your company who is responsible for Health and Safety | | Health and Safety Representative Name: | | | | | | |  | | | | | | | | | | | |
| Please state the Health & Safety Representative’s contact telephone number | | H&S Representative’s Contact Number: | | | | | | |  | | | | | | | | | | | |
| Please state the Health & Safety Representative’s email address: | | H&S Representative’s Email Address: | | | | | | |  | | | | | | | | | | | |
| Please advise how many sub-contractors are employed by your company: | | Number of Sub-Contractors: | | | | | | |  | | | | | | | | | | | |
| Does your company employ any NVQ/SVQ 2 qualified operatives? | | Number of NVQ/SVQ 2 qualified operatives: | | | | | | |  | | | | | | | | | | | |
| Does your company employ any NVQ/SVQ 3 qualified operatives? | | Number of NVQ/SVQ 3 qualified operatives: | | | | | | |  | | | | | | | | | | | |
| Does your company employ any City & Guilds qualified staff? | | Number of City & Guilds employees: | | | | | | |  | | | | | | | | | | | |
| Does your company employ any RoofCERT accredited operatives? | | Number of RoofCERT accredited operatives: | | | | | | |  | | | | | | | | | | | |
| Would you like to receive information on how your operatives can register to become RoofCERT accredited? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| Does the company offer a 10-year guarantee as standard on all domestic works contracts? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| *Please send a copy of the wording of your company’s 10 year guarantee* | | | | | | | | | | | | | | | | | | | | |
| *Does the company take deposits on some / all contracts?* | | Some: | |  | | | | All: |  | | | | | None: | | | | |  | |
| Does the company take staged payments on some / all contracts? | | Some: | |  | | | | All: |  | | | | | None: | | | | |  | |
| *Please send a copy of your standard Terms and Conditions that you include with your quotations* | | | | | | | | | | | | | | | | | | | | |
| *Does the company have a documented complaints policy?* | | Yes: | |  | | | | No: |  | | | |  | | | | | | | |
| *Please send a copy of your company’s Complaints Procedure* | | | | | | | | | | | | | | | | | | | | |
| *Does the company keep a record of all accidents (RIDDOR)?* | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| Please state the number of site accidents or near misses that have occurred in the last year | | Number of site accidents or near misses in the last year: | | | | | | |  | | | | | | | | | | | |
| Has the company received any improvement / prohibition notices in the last three years | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| Please state the number of improvement / prohibition notices received in the last three years | | Number of improvement / prohibition notices received in the last 3 years: | | | | | | |  | | | | | | | | | | | |
| Does the company hold current Working At Height Regulations Training Certificate? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| *Please send a copy of your company’s current Working At Height Regulations Training Certificate* | | | | | | | | | | | | | | | | | | | | |
| *Does the company hold a current Waste Carriers License?* | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| *Please send a copy of your company’s current Waste Carriers License* | | | | | | | | | | | | | | | | | | | | |
| *Please advise the name of your company’s insurance-backed guarantee (IBG) provider:* | | Name of Insurance Backed Guarantee Provider: | | | | | | |  | | | | | | | | | | | |
| Please state the IBG account number: | | Insurance Backed Guarantee Account Number: | | | | | | |  | | | | | | | | | | | |
| Would you like to change your current nominated IBG Provider? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| If Yes, please state the name of your newly nominated IBG provider: | | New IBG Provider Nomination: | | | | | | |  | | | | | | | | | | | |
| Does your company hold separate or joint Employer’s and Public Liability Insurance policies? | | Joint: | |  | | Separate: | | |  | | | |  | | | | | | | |
| Please state the expiry date of your company’s Employers and Public Liability Insurance policies? | | EL Expiry Date: | | |  | | | | | PL Expiry Date: | | | | | |  | | | | |
| *Please send a copy of your company’s current Employers and Public Liability insurance policies* | | | | | | | | | | | | | | | | | | | | |
| *Is your company a member of any other roofing trade bodies?* | | Name of other roofing trade bodies: | | | | | | |  | | | | | | | | | | | |
| Is your company a member of Trustmark? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| If not, please state if you would like to join Trustmark and we can assist you with your application | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| Is your company registered with the Construction Industry Training Board (CITB)? | | Yes: | |  | | No: | | |  | | | |  | | | | | | | |
| *Thank you for providing the information to allow us to renew your registration to the NFRC Competent Person Scheme* | | | | | | | | | | | | | | | | | | | | |
| I confirm that the information provided in this form is correct: | | |  | | | | | | | | | | | | | | | | | |
| If you have any questions, you can contact a member of our Support team by calling **020 7448 3189** | | | | | | | | | | | | | | | | | | | | |
| Please email this completed form to [admin@nfrccps.com](mailto:admin@nfrccps.com) | | | | | | | | | | | | | | | | | | | | |
| We will be in touch shortly to confirm the status of the Company Desk-base Audit to NFRC CPS. | | | | | | | | | | | | | | | | | | | | |