

**MEMBERSHIP REGISTRATION FORM AND COMPETENCY REPORT**

Please ensure ALL sections are completed in full.



**1. COMPANY DETAILS**

N/B: Sections marked with \* will be published on the website member profile page -

\*Company Name: .....

Address : .....

\*Post Code: .....

\*Telephone: ..... \*Fax: .....

\*Email: ..... \*Website: www.....

Contact: ..... Mobile: .....

\*Please list up to three counties you cover for window cleaning on a regular basis, these should be areas where you are seeking new business opportunities and you should be willing to carry out a quotation on request as your company will be listed under these regions on www.LaddersFree.co.uk:

Tick the relevent boxes below if you would like to add your company logo, a photograph and/or a company profile to your web listing and either send these on a CD with your application or email the details to membership@LaddersFree.co.uk:

Logo       Photograph       Company Profile      I have...  Enclosed a CD       Emailed the details

How many staff do you employ: ..... How many window cleaning staff do you employ: .....

**2. HEALTH & SAFETY**

2.1 Do you have a Health & Safety Policy? .....

2.2 Do you employ an appropriate Health & Safety Advisor or Consultant? If yes, please state who this is, .....  
if no, then please state who is the internal health & safety co-ordinator for your company .....

2.3 Do you have procedures for carrying out Health & Safety Risk Assessments? .....

2.4 Do you have procedures for carrying out Health & Safety Method Statements? .....

2.5 Do you have procedures for informing and training employees on Health & Safety issues? .....

2.6 Do you understand and follow the key principals of Health & Safety Management? .....

2.7 Do you understand and follow the main requirements of the Provision and Use of Work Equipment Regulations? .....

2.8 Do you understand and follow the main requirements of the Personal Protective Equipment Regulations? .....

2.9 Do you understand and follow the main requirements of Manual Handling Operations Regulations? .....

2.10 Do you understand and follow the main requirements of the COSHH Regulations? .....

2.11 Do you understand and follow the main requirements of the Work at Height Regulations? .....

2.12 Do you understand the principals of risk assessment? .....

2.13 Is your company a member of The National Federation of Master Window & General Cleaners? .....

2.14 Is your company a member of the SafeContractor Accreditation Scheme? .....

**3. GIVE TWO COMMERCIAL REFERENCES FOR WINDOW CLEANING**

**3.1** Name of Job/Project: .....

Contact name and position: .....

Telephone Number and Address: .....

**3.2** Name of Job/Project: .....

Contact name and position: .....

Telephone Number and Address: .....

**4. DECLARATION**

I accept the Certificate of Registration is only valid whilst our company insurance policies including public and employers liability insurance are valid and that LaddersFree have the right to inspect our insurance policies at any time. I understand that LaddersFree do not accept any liability that may arise from the use of this certificate. All work carried out by our company will be done so conforming to all instructions and rules set out by the customer's site conditions. Our company agrees to fully indemnify our customers against any substandard work, damage to property, or against any accident to either the workman or any person at any given property as a result of the work being carried out.

I will ensure I have sufficient resources of the necessary quality and the health & safety expertise to be able to carry out work quoted for. Our company will only take on work where I have carried out a risk assessment, prepared a method statement and where by I have sufficient public liability and employers liability in place. I am responsible for complying with all aspects of Health and Safety at Work Act 1974 and will abide by all regulations and legislation associated to the work our company under takes. I confirm that to the best of my knowledge the information provided on this questionnaire is true and correct. I accept that LaddersFree have the right to cancel our membership should we be in breach of any of the above mentioned conditions. I accept LaddersFree may pass on any information provided on this competency form to companies and organisations requesting verification of membership or that require further information about our company.

Name (Print): .....

Position: .....

Signed: .....

Date: .....

**5. CHECK LIST - Send this form to LaddersFree Membership, 74 Cae Canol, Penarth, South Glamorgan, CF64 3RL, along with:**

- A copy of you public liability insurance
- A copy of your employers liability insurance
- A cheque for £111.63 made payable to LaddersFree Ltd

**Important:** Documents sent to LaddersFree will not be returned, therefore please ensure you send copies and not the originals.