

Robertson Group Supply Chain Registration of Interest

Thank you for registering your interest in becoming a supply chain partner of Robertson Group Limited.

The form below asks for general details about your organisation, its people, products & services and procedures. Submission of this form constitutes the first stage in our approval process.

Upon receipt, we will review your initial application to confirm if you have been accepted to progress to the next stage of the approval process and a link will be issued for you to complete the Robertson Group PQQ form. Only if your organisation is successful in passing our PQQ assessment, will your details be added to the Robertson Group Approved Database.

Throughout the approval process, the Robertson Group Supply Chain team will assist in any queries you may have.

Placement on the Robertson Group list of approved suppliers means that whilst your organisation will be considered as a possible supplier of the products or services you offer, it does not imply that you will be asked to quote or tender on every occasion.

Please complete each section as fully as possible and attach any additional material in support

Company Name:			n Group staff as given in the strictest confidence.		
Past Code: Talephone Number: Company Registration No:	Company Registered Name:		Parent Company Name:		
Contact Name:	Registered Address:				
Email Address:	Post Code:	Telephone Number:	Company Registration No:		
Businest type: Sole Trader So	Contact Name:		Position Held:		
Sole Trader Social Exterprise Privately owned Public Limited	Email Address:		Website:		
Please confirm the number of employees in your company: Please confirm number of employees with valid CSCS cards: Please confirm the geographical locations where you can provide products/services (associated Robertson offices): Scotland	Sole Trader			Public Limited	
Please confirm the geographical locations where you can provide products/services (associated Robertson offices): Scotland	Please confirm the main products and/or serv	ces your company can provide and det.	ail the % of annual turnover:		
Please confirm the geographical locations where you can provide products/services (associated Robertson offices): Scotland	Please confirm the number of employees in yo	our company:			
Scotland Tayside (Dundee) England North West (Oldham)	Please confirm number of employees with vali	d CSCS cards:			
Northern (Elgin/Inverness)	Please confirm the geographical locations whe	re you can provide products/services (a	associated Robertson offices):		
Eastern (Aberdeen)	Scotland	Tayside (Dundee)	England	North West (Oldham)	
Can you please confirm if your company has the following policies in place: Health & Safety	Northern (Elgin/Inverness)	Central West (Glasgow)	North East (Gateshead)	Southern England	
Please confirm where you heard about Robertson Group: General Awareness Press Release Supply Chain Event:	Eastern (Aberdeen)	Central East (Edinburgh)		West Midlands	
General Awareness Press Release Supply Chain Event:	Please indicate which Robertson Division(s) you are interested in working with:				
Please identify any third party Accreditation your company currently holds: ISO 9001			Supply Chain Event:		
Are you currently registered with ConstructionLine/Builders Profile/Achilles/ SMAS/ SSIP etc? If yes; please provide details of accredited Body and certificate No: Please confirm the following information: Years Trading: Annual Turnover 2015/16 £: No. of Employees: Annual Turnover 2014/15 £: No. of Employees: Can you please confirm if your company has the following policies in place: Health & Safety Environmental Policy Modern Slavery Sustainability Please confirm you have a minimum insurance cover level of £5m for each of the below: Employers Liability Insurance Public Liability Insurance Professional Indemnity Declaration: I confirm that the above responses are accurate and have been supported by relevant documentation and evidence. Signed: Print Name:	Please identify any third party Accreditation y	our company currently holds:	please detail which event		
Please confirm the following information: Years Trading: Annual Turnover 2015/16 £: No. of Employees: Annual Turnover 2014/15 £: No. of Employees: Can you please confirm if your company has the following policies in place: Health & Safety Environmental Policy Modern Slavery Equal Opportunities Modern Slavery Sustainability Please confirm you have a minimum insurance cover level of £5m for each of the below: Employers Liability Insurance Public Liability Insurance Professional Indemnity Declaration: I confirm that the above responses are accurate and have been supported by relevant documentation and evidence. Signed: Print Name:	ISO 9001	ISO 14001	ISO 27001	OHSAS 18001	
Years Trading:	Are you currently registered with Construction	Line/Builders Profile/Achilles/ SMAS/	SSIP etc? If yes; please provide details of accredited	l Body and certificate No:	
Years Trading:	Please confirm the following information:				
Can you please confirm if your company has the following policies in place: Health & Safety		Annual Turnover 2015/16 £:	No. of Employe	ees:	
Health & Safety		Annual Turnover 2014/15 £:	No. of Employe	ees:	
Equal Opportunities	Can you please confirm if your company has the	ne following policies in place:			
Business Continuity Sustainability Please confirm you have a minimum insurance cover level of £5m for each of the below: Employers Liability Insurance Public Liability Insurance Professional Indemnity Declaration: I confirm that the above responses are accurate and have been supported by relevant documentation and evidence. Signed: Print Name:	· · · · · · · · · · · · · · · · · · ·	⊒	· · · · · · · · · · · · · · · · · · ·	⊒	
Please confirm you have a minimum insurance cover level of £5m for each of the below: Employers Liability Insurance Public Liability Insurance Professional Indemnity Declaration: I confirm that the above responses are accurate and have been supported by relevant documentation and evidence. Signed: Print Name:		=	· · · · · · · · · · · · · · · · · · ·	╡	
Employers Liability Insurance Public Liability Insurance Professional Indemnity Declaration: I confirm that the above responses are accurate and have been supported by relevant documentation and evidence. Signed: Print Name:		cover level of £5m for each of the held		_	
I confirm that the above responses are accurate and have been supported by relevant documentation and evidence. Signed: Print Name:				mnity	
Print Name:					
	Signed:				
	Drint Nama				

Please email the fully completed and signed form and any addition information or brochures to suppy.chain@robertson.co.uk