



**SSIP Registration Form for the  
Eurosafes UK Approved List**

**Section 1 – Your Organisation**

	<b>Information Requested</b>	<b>Guidance Notes as applicable</b>	<b>Response</b>
<b>A</b>	<p>Please state category you wish to be approved under corresponding to the role you will be fulfilling.</p> <p>Please detail your main work activities.</p>	<ul style="list-style-type: none"> <li>• Principal Contractor</li> <li>• Repair and Maintenance Contractor</li> <li>• Facilities Contractor</li> <li>• Trade Contractor (including specialist trades)</li> </ul> <p>Supply a brief summary of the activities you carry out e.g. electrical installer, general builder, plasterer etc.</p>	
<b>B</b>	<p>State the name of your organisation, full address, main telephone number, e-mail address and web site address.</p>		

<b>Form:</b> SOF09	Rev1
<b>Revised by:</b> ESUK/JO	<b>Date of rev:</b> 02/2014

<b>C</b>	State the name of the person dealing with this questionnaire, their contact phone/fax numbers and e-mail address.	<i>please supply details of a secondary contact, detailing; name, title, phone/fax and email address.</i>	
<b>D</b>	SSIP member registered	Please supply a copy of the certificate as verification of your registration with another SSIP member. If the certificate does not include your registration number then please forward this separately.	

### **Section 2 – Insurances**

<b>E</b>	Please provide a copy of your PLI and ELI insurance certificates and schedules	<i>It is important that BOTH insurances are submitted. Your broker will assist with any queries you may have.</i>	
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### **Section 3 – Accidents /Prosecutions etc.**

<b>F</b>	Under your current name, or any previous title, please give details of any HSE improvement or prohibition notices, and any prosecutions in the last five years.		
<b>G</b>	Provide details of the number of RIDDOR accidents /incidents in the last 3 years.	<i>Include details of any actions taken to prevent re-occurrence. Where available please confirm your injury incidence and frequency rates.</i>	

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**Section 4- Payment**

<b>H</b>	Submission Fee	£90 inc. VAT	Method of payment: Cheque <input type="checkbox"/> On line <input type="checkbox"/>
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The return should then be sent to:

**Eurosafe UK  
Eurosafe House  
Centurion Park  
Tribune Way  
York  
Y030 4RY**

Telephone:- 01904 691 515

E-mail:- [cdm-competent@eurosafeuk.co.uk](mailto:cdm-competent@eurosafeuk.co.uk)

Submit on line:- [www.ssipassessors.com/questionnaire](http://www.ssipassessors.com/questionnaire)

[www.eurosafeuk.co.uk](http://www.eurosafeuk.co.uk)

[www.cloudsuk.com](http://www.cloudsuk.com)

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