**Homegrown Timber Group**

**Subcontractor Pre-Qualification Questionnaire**

Please return the completed questionnaire to enquiries@homegrowntimber.com

|  |  |
| --- | --- |
| Company Name: |  |
| Contact Name: |  |
| Contact Number: |  |
| Contact Email: |  |
| Postal Address: |  |

|  |  |
| --- | --- |
| Geographic areas covered: |  |
| Number of site operatives employed: |  |
| Expected operative rate *(£/hr – Week day Shift)* – Labourer/Groundsman |  |
| Expected operative rate *(£/hr – Week day Shift)* – Skilled worker/Supervisor |  |
| Description of services supplied: |
|  |
| Description of Competencies / Certification held: |
|  |
| Plant/Equipment Owned / Operated:  |
|  |
| Examples of previous experience: |
|  |

|  |
| --- |
| For Homegrown Timber office use |
| Date Received:  |  |
| Date Reviewed: |  |
| Reviewed by: |  |
| Proceed to Approved Supplier questionnaire? | Yes / No |