**Homegrown Timber Group**

**Subcontractor Pre-Qualification Questionnaire**

Please return the completed questionnaire to [enquiries@homegrowntimber.com](mailto: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 |