



## **ABERDEEN CARE & REPAIR TRUSTED TRADER SCHEME** **CONTRACTOR INFORMATION AND DETAILS**

Registration Fees for 2025/2026 (01.04.25 – 31.03.26) are as follows:

Company	No. of Employees	Registration Fee	Tick appropriate box ✓
Sole Trader	0	£120.00	
Small Trader	1 to 7	£160.00	
Large Trader	8 +	£210.00	

You can make payment by BACS

Date payment made \_\_\_\_\_

Castlehill Housing Association

Account number: 70175463

Sort Code: 826011

Please use the reference: C&R Trusted Trader

Or you can enclose a cheque made payable to Castlehill Housing Association for the sum of: (Please tick the appropriate box)

£120

£160

£210

Please ensure that the following documents are enclosed with this form and your fee and return to:

[teri.brebner@castlehillha.co.uk](mailto:teri.brebner@castlehillha.co.uk) or by post to

Teri Brebner, Aberdeen Care and Repair, 4 Carden Place, Aberdeen, AB10 1UT

Copies of Public Liability Insurance

Copies of appropriate registrations

1. Name, Address and Post Code of Contractor:

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**2. Contact Names and positions:**

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**3. Business Telephone Number and/or Mobile Number:**

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**4. Email Address:**

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**5. Website:**

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*Please note details of your company will be made public on our website*  
[www.aberdeencareandrepair.co.uk](http://www.aberdeencareandrepair.co.uk)

**6. Do you accept card payments from clients?**

Yes:  No:

**7. Ownership Details:**

Sole Trader

Partnership

Limited Company

**8. Areas of work:**

**Please indicate below the types of work/services you provide:**

	<input checked="" type="checkbox"/>	Hourly Rate		<input checked="" type="checkbox"/>	Hourly Rate
Joinery			Plastering		
Tiling			Rot works		
Building			Electrical		
Plumbing			Flat Roofs		
Slating			Gas Heating		
Oil Heating			Electrical Heating		
Windows			Blacksmith		
Small Works			Gardening		
Slabbing			Window Cleaning		
Flooring			Locks		
Painting/Decorating			Other:		

**Total number of employees you have?**

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**How long have you traded in the Aberdeen area?**

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**9. Value Added Tax (if applicable) Registration Number:**

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**Unique Taxation Reference (UTR) Number (if employed under the CIS Scheme):**

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**10. Professional Bodies:**

**Which, if any, Professional Bodies is your company affiliated to? Please provide Registration No. and copies of cards/certificates where applicable.**

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**11. Construction Industry Scheme (please provide a copy)**

**Card Type and Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

## 12. Health and Safety

Does your Company have a Health and Safety Policy?

Yes:  No:

*If YES please submit a copy of the policy with your application. If not, please advise why.*

Please can you provide the following documentation with your application. The documents must be relevant to the type of work you undertake and if you are a multi-disciplinary contract we will require this for all trades.

**Tick if documents are included**

- Risk assessment(s)
- Safe systems of work
- Method statement(s) for the areas of work you are involved in including the provision of welfare facilities.
- Sample copies of relevant statutory training certificates for tradesmen.
- Professional accreditation from regulatory bodies for tradesmen e.g. Gas Safe.
- The name and designation of the individual responsible for Health & Safety: \_\_\_\_\_

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- Accidents and Records

Please provide the following information for the last three years and this year to date:

	2021	2022	2023	2024 to date
<b>Total number of reportable accidents</b>				
<b>No. of notifiable accidents reported to HSE under RIDDOR of which:</b>				
<b>Fatalities</b>				
<b>Major injuries</b>				
<b>7 days off</b>				
<b>Members of public</b>				
<b>No. of HSE Improvement Notices</b>				
<b>No. of convictions for offences under Health &amp; Safety Legislation</b>				
<b>Total fines for the above *</b>				
<b>Approximate total of man hours worked</b>				

\* Please enclose details

**1. Public Liability Insurance – please provide a copy of your current certificate**

**Name, Address and Post Code of Insurance Company:**

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**Policy Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Amount of Public Liability:** \_\_\_\_\_

**2. Employer's Liability Insurance – please provide a copy of your current certificate**

**Name, Address and Post Code of Insurance Company:**

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**Policy Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Amount of Employee Liability:** \_\_\_\_\_

**3. Public Indemnity Insurance (If applicable) To be provided by any designer working on behalf of a client:**

**Name, Address and Post Code of Insurance Company:**

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**Policy Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Amount of Public Indemnity insurance:** \_\_\_\_\_

**Type of policy:** \_\_\_\_\_

***Contractors should note that it is their duty to keep Aberdeen Care & Repair informed and advised of all/any changes and to submit a copy of the certificate following renewals.***

### 13. Disclosure

Have you been:	Yes	No
Convicted of an offence	<input type="checkbox"/>	<input type="checkbox"/>
Partner in a Partnership convicted of an offence	<input type="checkbox"/>	<input type="checkbox"/>
A Director/Secretary/Controller of a company involving fraud or dishonesty	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please supply details:

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### 14. Declaration

**Contractors should note it is their duty to keep Aberdeen Care and Repair informed and advised of any changes, and to submit copies of certificates following renewals.**

**In terms of Health & Safety the company will ensure:**

**All staff employed by our company will wear an appropriate company photo ID badge at all times when carrying out work for us. This should be shown to clients and staff when arriving on site.**

**I / We certify that the information supplied is accurate and to the best of my / our knowledge and understanding at the time of signing.**

**I / We understand that the completion and submission of this form is not a guarantee of the receipt of work, and that the information supplied will be used as a basis for inclusion on Aberdeen Care and Repair's approved Trusted Trader list.**

**I / We have read the terms and condition of the Trusted Trader Scheme and on behalf of the named business agree to be bound by the rules, principles and aims of the Trusted Trader code of conduct.**

**Full Name of Applicant (in BLOCK CAPITALS):**

**Signature:**

**Position in Company:**

**Date:**

**Where Aberdeen Care & Repair receives any personal data (as defined by the Data Protection Act 1998) from yourselves, it shall ensure that it fully complies with the provisions of the Act and only deals with the data to fulfil its obligations.**