

**Hammersmith and Fulham Supply Chain Project
Client Registration Form**

| | | | | |
|--|------------------------------|--|-------------------------|--|
| Name of Company: | | | | |
| Address & Post Code | | | | |
| Telephone/mobile | | | | |
| Email | | | | |
| Website | | | | |
| Contact(s) & Title(s) | | | | |
| Business activities | | | | |
| Examples of recent work | | | | |
| Year started trading | | | | |
| Legal structure | | | | |
| Turnover (latest) | | Number of employees: | | |
| Avg. size of contact | | Largest size of contract you could take on | | |
| Do you have any of the following Accreditations (Tick all applicable) | CHAS | | Constructionline | |
| | Safe Contractor | | Exor | |
| | ISO 14001 | | ISO 9001 | |
| | OHSAS 18001 | | BS 8555 | |
| | Achilles Building Confidence | | Other(s) (please state) | |
| | SSIP* | | | |

*(Safety Schemes in Procurement)

| How Would You Describe the Gender Ownership of Your Business? | | How Would You Describe the Ethnic Ownership of Your Business? | |
|---|--|---|--|
| Male Majority | | White/White British Majority | |
| Female Majority | | Mixed race majority | |
| Equal Ownership | | Asian/Asian British majority | |
| Prefer Not to Say | | Black/Black British majority | |
| | | Chinese/other ethnic group majority | |

| Does the Owner Have a Disability or a Health Condition as Defined in the Disability Discrimination Act 1995? | | |
|--|----------|--------------------------|
| Y | N | Prefer Not To Say |

This includes, but is not limited to, medical conditions such as: cancer, MS, asthma, mental health conditions, learning difficulties, mobility difficulties, hearing or sight impairments.

I confirm that the information above is true and accurate to the best of my knowledge.

X

X

.....
Signed by Participant

Date:

Print Name:.....

In accordance with the Data Protection Act 1998 we guarantee that information given on this form will not be used to discriminate against you in any way. Information will not be shared with any third party or used for any reason other than to measure the impact and success of this project or to provide to buyers who are considering offering you an opportunity to tender.

Please complete, sign and return this form to hfb@mtwconsultants.co.uk