

Contractor Membership Application

ONCE COMPLETED PLEASE RETURN THE QUESTIONNAIRE TO:

CONSTRUCTING BETTER HEALTH, (CBH)

MANOR ROYAL

CRAWLEY

WEST SUSSEX. RH10 9QP

Telephone: 0345 873 7726

E-mail: info@cbhscheme.co.uk

www.cbhscheme.com

FORM FOR THE USE OF CONTRACTOR AND INDEPENDENT MEMBERSHIP APPLICATIONS

Membership Fees	
Annual turnover	Annual charge (excl VAT)
<£5m	£250
£5m - £25m	£750
>£25m	£2,000
Independent*	£25

Notes: All prices are exclusive of VAT at the governing rate.

All fees exclude the cost of occupational health checks.

*Charge per Independent Membership, these are only available for 'Companies that have a number of employees who may need to work periodically on-site but is not their main job function'. This route does not give Company recognition of membership; please refer to the CBH Contractor Guide for full membership benefits.

General information:

*** MANDATORY FIELD FOR COMPLETION**

Name of primary contact *

Title *

Job Title *

Name of Company
applying for membership *

Group Membership
- list all companies
relevant to application *

Main Address *

Main Telephone number *

Mobile Telephone number

E-mail address *

Website address

Invoice address
(If different to above)

Payment Terms *

Contact for invoices *

Telephone number

Email address

Number of staff employed

Annual turnover *

Company Registration No *

VAT Registration No *

Type of work undertaken *

Do you currently have OH in place? Yes / No *

If yes to the above, who is your current OH provider?*

Membership of Trade Association(s), Schemes -list those applicable

Name of Client(s) & Project(s) - list all relevant to application *

How did you hear about us? *

If applying for Independent Memberships, how many are required?

Please Note: for independent memberships we will require the following information for each member, to complete the application process: Name / Address / Date of Birth / National Insurance Number / Job Role.

Declaration:

Please tick boxes to show you have read the following declarations:

- I accept and agree that CBH will forward my company contact details to their Accredited Providers if OH provision is not in place as stated on this application form
- I declare that to the best of my knowledge the information I have supplied in this application is fully up to date and accurate
- I accept that a failure to provide fully up to date and accurate information may invalidate my application or provide grounds for a withdrawal by CBH of the corporate rate
- As an Employer I declare that it is my responsibility to gain written consent from our Employees to upload their personal information, including 'Health and Fitness Outcomes' onto any third party databases including the CBH CHAT 2 (or equivalent) system.
- I accept and agree to meet the terms and conditions of registration with CBH a copy of which is available on the CBH website and which I have read carefully.
- I agree to pay corporate rate once an invoice is received from CBH: Your application will not be processed until payment is received

Print Name:

Signature:

Date:

An invoice will be issued upon receipt of application.