



Self Employed 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 SELF-EMPLOYED CONTRACTOR MEMBERSHIP APPLICATIONS

Membership Fees	
Membership type	Annual charge (excl VAT)
Self Employed	£25

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

All fees exclude the cost of occupational health checks.

General information:

*** MANDATORY FIELD FOR COMPLETION**

Name of applicant *

Title *

Job Title *

Name of Company
applying for membership *

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

Company Registration No*

VAT Registration No *

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

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

Type of work undertaken *

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

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

How did you hear about us? *

Please Note: for Self Employed membership applications we will make a request for you to provide us with the following information to complete the application process: Date of Birth / National Insurance Number / Job Role and Competency cards e.g: CSCS, CPCS, ECS and others as recognised by UKCG / your most recent health check information.

Declaration: *

Please tick boxes:

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

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 received)

Signature:

Full Name:

Date:

An invoice will be issued upon receipt of application.