

Deem to Satisfy SSiP Questionnaire (V2 – 04/01/21)

Assessment Required

Please tick appropriate boxes

SSIP Approved:

Designer:

Contractor:

Principal Designer:

Principal Contractor:

Work Undertaken:

Full Company Name:

Street Address:

City:

County:

Postcode:

Phone Number:

Name of primary contact within the company:

Email Address:

Number of Staff:

Employees:

Labour Only Subcontractors:

Sub-Contract Companies:

Who Is the Assessment for? (E.G. Halsall, Southern Co-op, Cobra Coffee, Underhill Building Services, Cavanna Homes, Greenlight Safety Consultancy):

Documents Required

Copy of Valid SSiP Certificate:

Full Copy of Insurance:

Completed Application Form:

Declaration

Name of person completing application:

Role within the company:

Email:

Mobile / Phone Number:

Signature:

Date of completion: