



a member of **SSIP** SAFETY SCHEMES IN PROCUREMENT

## AUDIT APPLICATION FORM

### APPLICANT DETAILS

Company Name: \_\_\_\_\_

Registered Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

No. of Direct Employees: \_\_\_\_\_ No. of Sub-Contractors: \_\_\_\_\_

No. of Labour Only Sub-Contractors: \_\_\_\_\_

### CONTACT FOR THE AUDIT PROCESS

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_ Consultant   
Employee

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### AUDIT/CERTIFICATION FEES

Please tick appropriate box

Size	Turnover (€)	Audit Fee	Certificate Fee	Total (Excluding VAT)	Total (Including VAT)
<input type="checkbox"/> Small (A)	0–1,270,000	600.00	63.50	663.50	<b>816.10</b>
<input type="checkbox"/> Small (B)	1,270,000–6,350,000	890.00	63.50	953.50	<b>1,172.80</b>
<input type="checkbox"/> Medium	6,350,000–19,050,000	1,250.00	63.50	1,313.50	<b>1,615.60</b>
<input type="checkbox"/> Large	19,050,000–38,100,000	2,100.00	63.50	2,163.50	<b>2,661.10</b>
<input type="checkbox"/> Very Large	38,100,100+	2,400.00	63.50	2,463.50	<b>3,030.10</b>

**Notes:**

VAT is charged at the current rate (23%)

Safe-T-Cert reserves the right to revise these charges.

Auditors travelling expenses are charged to the audited company at cost post audit and are additional to the fees outlined above.

The above fees relate to audits completed in Republic of Ireland or Northern Ireland – audit requests in other jurisdictions are subject to individual quotation.



a member of  SAFETY SCHEMES IN PROCUREMENT

## AUDIT APPLICATION FORM

### PAYMENT METHOD

Please indicate your method of payment by ticking the relevant box

BACS

BACS Payment of € \_\_\_\_\_ has been transferred to:  
Sort Code: 93 10 12  
Account Number: 07253539  
Bank Name: AIB  
Branch Address: 1 – 4 Lower Baggot Street

Cheque

I enclose my cheque for € \_\_\_\_\_ made payable to **Safe-T-Cert**

### DECLARATION

On behalf of the above company, I confirm that:

- a) *all* the contractor's activities are being conducted under a health and safety management system
- b) the above system has been in operation for at least three months
- c) the contractor's organisation is ready to be audited

I, therefore, make application on behalf of the company for audit according to the rules of the Safe-T-Cert Scheme.

NAME (Print): \_\_\_\_\_  
(Principal or Director)

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return your application, along with your most recent **Verification of Turnover** to:

Safe-T-Cert  
Construction House  
Canal Road  
Dublin  
D06 C6T2

If you **do not** wish to be contacted about membership to CIF, please tick this box.  
STC4



a member of



SAFETY  
SCHEMES IN  
PROCUREMENT

## AUDIT APPLICATION FORM

### CONSTRUCTION ACTIVITIES (Please list the construction activities to be covered by the audit)


### CONSULTANT USED TO PREPARE FOR THE AUDIT (if applicable)

Consultancy Firm: \_\_\_\_\_

Address \_\_\_\_\_

Consultant Name: \_\_\_\_\_

Qualifications \_\_\_\_\_



a member of **SSIP** SAFETY SCHEMES IN PROCUREMENT

**AUDIT APPLICATION FORM**

<b>CURRENT PROJECTS</b>						
Project Title	Address	Client	Start Date	End Date	Type of Project	No. of Workers

Please provide additional sheets if require

<b>PREVIOUS PROJECTS (last 3 no. major projects completed)</b>						
Project Title	Address	Client	Start Date	End Date	Type of Project	No. of Workers



**AUDIT APPLICATION FORM**

HEALTH AND SAFETY TRAINING OVERVIEW OF CURRENT STAFF	Course Title (1)	Type of Staff Who Attended (2)	Number of Certs

(Please see extra sheet if required)

1. E.G.: Managing Safely in Construction, SafePass, CSR Card, CSCS Card, Safety Representative Training etc.
2. E.G.: Senior/Middle Management, Site Staff, Administrators etc.