



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	650.00	63.50	713.50	877.60
<input type="checkbox"/> Small (B)	1,270,000–6,350,000	940.00	63.50	1,003.50	1,234.30
<input type="checkbox"/> Medium	6,350,000–19,050,000	1,300.00	63.50	1,363.50	1,677.10
<input type="checkbox"/> Large	19,050,000–38,100,000	2,100.00	63.50	2,163.50	2,661.10
<input type="checkbox"/> Very Large	38,100,100+	2,400.00	63.50	2,463.50	3,030.10

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.

Please be advised that cancellation of an audit within 7 working days will incur a cancellation fee.



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PAYMENT METHOD

Please indicate your method of payment by ticking the relevant box

BACS

BACS Payment of €	has been transferred to:
IBAN:	IE30AIBK93101207253539
SWIFT/BIC:	AIBKIE2D
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:

- all the contractor's activities are being conducted under a health and safety management system
- the above system has been in operation for at least three months
- 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



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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 _____



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CURRENT PROJECTS						
Project Title	Address	Client	Start Date	End Date	Type of Project	No. of Workers

Please provide additional sheets if require

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

