

Application for inclusion on the Department's Register of Building Contractors

CONTRACTORS NAME	
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For Health Estates Use Only

Issue Date	
Return Date	

Application for inclusion on the Department's Register of Building Contractors

Name of the Company _____

Contact Name _____

Address for correspondence _____

Contact Telephone _____

Email Address _____

Website _____

Constructionline Registration Number _____

Signed _____

Print Name _____

Date: _____

Please include in the tables overleaf details of the projects completed by your firm in the last 3 years which fall within the facility categories indicated in the left hand column as well as indicating in the right hand columns the specific work categories undertaken. The work categories are described below:

Work Categories	Description
1	New Building/Extensions
2	Alterations/Refurbishment
3	Civil Engineering – Roads, Bridges, Bulk Excavation, Sewage Works, etc

Details of Projects Completed in the Last 3 Years

Facility Category	Project Details (inc name, location, value, duration, completion date)	Architect/Contract Administrator Contact Details Names, Full Address & Phone	Health & Social Care Trust Responsible Contact Details Names, Full Address & Phone	1	2	3
A. Health and Social Services Building – Simple Clinics and Health Centres, Old Person’s Homes, Children’s Homes, Residential Homes for people with Physical and/or Learning Disabilities, Day Centres, Training Centres, Geriatric Units etc and Simple Hospital Buildings with normal structures and services						
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				B. Hospitals and Specialist Medical Units – Buildings of a specialist nature, wards, Operating Theatres, Boiler Houses, Laundries with complex structures services and equipment.		
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