|  |
| --- |
| **Company Details required for inclusion on**  **Highways England Vehicle Recovery Scheme** |

All pages of this application must be completed, and you must ensure any supporting documents for this application are included.

To submit your completed application, please complete the form electronically, save it, then email it to [**Highway.Applications@fmg.co.uk**](mailto:Highway.Applications@fmg.co.uk)

Please name each file each file to make it clear what it relates to, e.g. “*ABC Recovery Company Application*”.

**Due to file size restrictions, we ask that no email exceeds 10MB. Where this would apply, please send each individual application as a separate email or as a zip file.**

FMG will not be held responsible for any delay and/or failure to receive any applications. Such an occurrence may jeopardise consideration for inclusion on the recovery scheme.

Applications with incorrect or missing detail and/or supporting documentation may be rejected without further notice.

**Privacy Notice**

***During the application and appointment process, we may collect information directly from you, from other organisations and/or from publicly available information. During this assessment phase, FMG may need to validate suitability and proposals, and where necessary, we will share your information to assess your application, and to meet legal or policy requirements.  Your information will be stored securely in line with our Privacy Policy which can be found in full at*** [***http://www.fmg.co.uk/Policies/Privacy-Statement***](http://www.fmg.co.uk/Policies/Privacy-Statement)

**Your Company**

|  |  |
| --- | --- |
| **RECOVERY OPERATOR** |  |
| **Company Name** |  |
| **Type:**  ***Limited Company, Partnership or Sole Trader*** |  |
| **Registered Address** |  |
| **Postcode** |  |
| **Company Registration Number** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Any Other Depot Locations:** | |
|  | |
|  | |
|  | |
|  | |
| **Annual Turnover** |  |
| **VAT Registration Number** |  |
| **Years Trading** |  |
| **Number of Employees** |  |

**Your Management**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Name:** |  |
| **Position:** |  |
| **Name:** |  |
| **Position:** |  |

**Your Services & Facilities**

|  |  |  |
| --- | --- | --- |
| **Recovery** | **Yes** | **No** |
| **Motorcycle** |  |  |
| **Car** |  |  |
| **Van > 3.5 ton** |  |  |
| **3.5 ton – 7.5 ton** |  |  |
| **7.5 ton – 18 ton** |  |  |
| **> 18 ton** |  |  |
| **Bus/Coach** |  |  |
| **Trailer** |  |  |

***\*All services will be reviewed during an evaluation audit that is undertaken by FMG***

|  |  |  |
| --- | --- | --- |
| **Vehicle Fleet** | **Yes** | **No** |
| **Service Van/4x4** |  |  |
| **Spec Lift** |  |  |
| **Slidebed** |  |  |
| **Accident Unit (with Hi-ab Crane)** |  |  |
| **Underlift (with/without boom)** |  |  |
| **Rotator** |  |  |
| **Low Loader** |  |  |
| **Forklift** |  |  |

***\*All vehicles will be reviewed during an evaluation audit that is undertaken by FMG***

|  |  |  |
| --- | --- | --- |
| **Customer Facilities** | **Yes** | **No** |
| **Customer Waiting Area** |  |  |
| **Customer Toilets** |  |  |
| **Telephone** |  |  |
| **Disabled Access (including Toilets)** |  |  |
| **Drinks Available** |  |  |
| **First Aid** |  |  |
| **Children’s Area** |  |  |
| **Television** |  |  |

***\*All Facilities will be reviewed during an evaluation audit that is undertaken by FMG***

|  |  |  |
| --- | --- | --- |
| **Payment Facilities** | **Yes** | **No** |
| **Cash** |  |  |
| **Cheque** |  |  |
| **Debit Card** |  |  |
| **Credit Card** |  |  |
| **Euros** |  |  |

***\*All Facilities will be reviewed during an evaluation audit that is undertaken by FMG***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site Facilities** | **Yes** | **No** | **Storage** | **Yes** | **No** |
| **Motorcycle Workshop** |  |  | **Motorcycle Storage** |  |  |
| **Car Workshop** |  |  | **Car Storage** |  |  |
| **Commercial Workshop** |  |  | **Commercial Storage** |  |  |
| **Parts Department** |  |  | **Internal Storage** |  |  |
| **Bodyshop** |  |  | **External Storage** |  |  |
| **Site CCTV** |  |  | **SOCO Storage** |  |  |
| **Security Fencing** |  |  | **Property Storage** |  |  |

***\*All Facilities will be reviewed during an evaluation audit that is undertaken by FMG***

**Your Certification & Training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certification** | **Yes** | **No** | **Training** | **Yes** | **No** |
| **PAS43** |  |  | **IVR** |  |  |
| **ISO 9001** |  |  | **RRRA** |  |  |
| **ISO 14001** |  |  | **IFRS** |  |  |
| **NHSS17** |  |  | **In House Training** |  |  |
| **Operator’s Licence** |  |  | **Driver CPC** |  |  |
| **DBS Checks** |  |  | **Police Vetting** |  |  |

***\*All Certification & Training will be reviewed during an evaluation audit that is undertaken by FMG***

**Control & Job Receipt Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Control Room & Job Receipt** | | | | **Yes** | **No** |
| **Do you operate a dedicated control room?** | | | |  |  |
| **If yes, does your control room operate 24/7, 365?** | | | |  |  |
| **If no, please details operational hours below** | | | | | |
|  | | | | | |
| **Please provide below instruction and contact details outside of the above hours** | | | | | |
|  | | | | | |
| **Do you use Apex?** | | | |  |  |
| **Do you use a vehicle tracking system?** | | | |  |  |
| **Main Contact Number (in hours)** | |  | | | |
| **Main Contact Number (Out of hours)** | |  | | | |
| **Please advise below how jobs are passed to your roadside/recovery staff?** | | | | | |
| **Electronic (PDA etc.)** |  | **Telephone** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Insurances**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Insurance** | | **Yes** | **No** |  | | **Yes** | **No** |
| **Motor Trade Insurance** | |  |  | **Minimum £10 Million Liability** | |  |  |
| **Provider** |  | | | **Date of Expiry** |  | | |
| **Employers Liability Insurance** | |  |  | **Minimum £10 Million Liability** | |  |  |
| **Provider** |  | | | **Date of Expiry** |  | | |
| **Public Liability Insurance** | |  |  | **Minimum £10 Million Liability** | |  |  |
| **Provider** |  | | | **Date of Expiry** |  | | |
| **Products Liability Insurance** | |  |  | **Minimum £10 Million Liability** | |  |  |
| **Provider** |  | | | **Date of Expiry** |  | | |

***\*All Insurances will be reviewed during an evaluation audit that is undertaken by FMG***

**Health & Safety**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Policies** | **Yes** | **No** | **Risk Assessments** | **Yes** | **No** |
| **Health & Safety Policy** |  |  | **Site Risk Assessments** |  |  |
| **Equality & Diversity Policy** |  |  | **Vehicle Risk Assessments** |  |  |
| **Environmental Policy** |  |  | **COSHH Risk Assessments** |  |  |
| **Business Continuity Policy** |  |  | **Staff Risk Assessments** |  |  |
| **Modern Slavery Policy** |  |  | **Roadside Risk Assessments** |  |  |
| **Bribery/Money Laundering Policy** |  |  | **Recovery Risk Assessments** |  |  |

***\*All Polices & Risk Assessments will be reviewed during an evaluation audit that is undertaken by FMG***

**Area of Coverage**

**Please provide details of areas covered by your company with average attendance times from your depot:**

|  |  |
| --- | --- |
| **Motorways Covered including Junctions** | |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |
| --- |
| **Added Value Services / Proposals** |
|  |

**Trade References**

**Please provide details of 2 trade references:**

|  |  |
| --- | --- |
| **Reference 1** | |
| **Name** |  |
| **Address** |  |
| **Company** |  |
| **Contact** |  |
| **Email** |  |
| **Reference 2** | |
| **Name** |  |
| **Company** |  |
| **Address** |  |
| **Contact** |  |
| **Email** |  |

**Bank Details**

**All payments made by FMG are via BACS payment. Please provide bank account details:**

|  |  |
| --- | --- |
| **Bank Details** | |
| **Bank** |  |
| **Account Name** |  |
| **Account Number** |  |
| **Sort Code** |  |

**Declaration**

**The information provided on this Evaluation Form was completed and checked for accuracy by**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**