

Supporting Organisation:

##### SAFE PROJECT TEAM AWARD 2014

ENTRY FORM

# (Entry deadline 15th July 2014)

## 1. Candidate Project’s Details

|  |
| --- |
| Name of the Project |
|  |
| Main Scope of Works |
|  |
| Main Project Parties |
| Role (e.g. Client, Architect, Consultant, Contractor, Specialist Contractor) | Name of Company / Organisation | Name of Representative | Contact Details (email, telephone) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Contact Person  |
| Name and title |  |
| Contact Details | Tel.: | Email: |
| Address: |

**2. Basis for Application**

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| Briefly explain why you consider that this Project Team is particularly effective at Safety Management (it is recommended to refer to Objectives, Key Actions, Teamwork, Problems Encountered and Corrective Action, Innovations)(Max. 300 words) |
|  |

**3. Inspection by a Registered Safety Officer**\*

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| --- | --- |
|  | Inspection Report attached (Lighthouse Club Inspection Form) |
|  | Inspection Report to be submitted by 15th July 2014 |

\*Tick as appropriate

Signature :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Team Representative

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_