**NEW SITE NOTIFICATION FORM**

**Please complete and return this form to** **notifications@ncsg.co.uk**

|  |  |
| --- | --- |
| **Name & address of Member Company** |  |
| **Address of Site** |  |
| **Brief description of work to be undertaken** |  |
| **Are you Principal Contractor under CDM?****NO/YES**  |  |
| **Are there any days we shouldn’t visit? (meetings etc)** |  |
| **Expected Start Date On Site:****…..…./……/..…..** | **Estimated Duration of Contract** |
| **Site Contact Name:**  | **Contact Telephone Number:****Landline:** **Mobile:**  |

**Please contact the Safety Group office if the expected start date is to be delayed to avoid unnecessary visits to the site and a waste of valuable resources.**