# Company Questionnaire

Suppliers are required to complete this section regarding their organisation.

|  |  |
| --- | --- |
| Name of Organisation: |  |
| Name of person completing this questionnaire on behalf of the Organisation: |  |
| Position in Organisation: |  |
| Direct Telephone Number: |  |
| Email Address: |  |
| Address for Correspondence: |  |
| Postcode: |  |
| Company Registration Number: |  |
| Registered Company Address: |  |
| Postcode: |  |
| Date of Registration: |  |
| VAT Registration Number: |  |
| Date: |  |

| **Your Company** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Please indicate the type of company you are:** | | | | | | | | | | | |
| Sole Trader | | | | | | ☐ | | | | | |
| Partnership | | | | | | ☐ | | | | | |
| Private Limited Company | | | | | | ☐ | | | | | |
| Public Limited Company | | | | | | ☐ | | | | | |
| Charity / Not For Profit Organisation | | | | | | ☐ | | | | | |
| Other (please specify) | | | | | |  | | | | | |
| Please give details below of:   * Company structure, including parent and subsidiary companies * Office locations * Whether any other companies within your group are bidding for this contract | | | | | | | | | | | |
| Details: | | | | | | | | | | | |
| *This response is for reference only. Max 2 sides A4.* | | | | | | | | | | | |
| **2** | **When required will the Parent Group or Holding Company be prepared to guarantee your contract performance as a subsidiary?** | | | | | | | | | | | |
| Yes | | | | | | ☐ | | | | | |
| No | | | | | | ☐ | | | | | |
| Not applicable | | | | | | ☐ | | | | | |
| If **Yes** please give details: | | | | | |  | | | | | |
| Name of Organisation: | | | | | |  | | | | | |
| Maximum value covered: | | | | | |  | | | | | |
| **3** | **Please provide brief details of the main business activities of your company and the proportion of turnover that is attributable to each activity:** | | | | | | | | | | | |
| Details: | | | | | | | | | | | |
| *This response is for reference only. Max 1 side A4.* | | | | | | | | | | | |
| **4** | **Please give brief details of company history for your company:** | | | | | | | | | | | |
| Date the company was formed | | | | | |  | | | | | |
| Any changes in ownership in the last 5 years | | | | | |  | | | | | |
| An overview of the organisation’s medium term plan | | | | | |  | | | | | |
| Any proposed changes in ownership, company constitution and structure | | | | | |  | | | | | |
| **5** | **Please indicate staff numbers for your organisation:** | | | | | | | | | | | |
| **Type** | | | | | | **Number** | | | | | |
| Technical | | | | | |  | | | | | |
| Management | | | | | |  | | | | | |
| Support staff | | | | | |  | | | | | |
| Other | | | | | |  | | | | | |
| **Total** | | | | | |  | | | | | |
| **6** | **Please indicate your annual turnover (as published) for each of the last three years:** | | | | | | | | | | | |
| Financial Year: 2015/16 | | Turnover £ | |  | | | Profit £ |  | | | |
| Financial Year: 2016/17 | | Turnover £ | |  | | | Profit £ |  | | | |
| Financial Year: 2017/18 | | Turnover £ | |  | | | Profit £ |  | | | |
| **7** | **If we request to see your year-end reports and financial records would you allow this?**  **Do not send year end reports at this stage** | | | | | | | | Y / N | | | |
| **Contracts Withdrawn and Outstanding Claims** | | | | | | | | | | | | |
| **This is a Pass/Fail Section** | | | | | | | | | | **Yes** | | **No** |
| **8** | | Has your organisation ever suffered deduction for liquidation damages for any contract within the last 3 years? | | | | | | | | ☐ | | ☐ |
| **9** | | Has your organisation had a contract prematurely withdrawn or terminated by the client organisation within the last 3 years? | | | | | | | | ☐ | | ☐ |
| **10** | | Has your organisation prematurely withdrawn from or terminated a contract within the last 3 years? | | | | | | | | ☐ | | ☐ |
| **11** | | Has your organisation not had a contract renewed for failure to perform? | | | | | | | | ☐ | | ☐ |
| **12** | | Are there any outstanding claims or litigation against your organisation? | | | | | | | | ☐ | | ☐ |
| **13** | | Is your organisation undertaking or likely to be undertaking work which could give rise to a conflict of interest with this contract? | | | | | | | | ☐ | | ☐ |
| If you have answered **Yes** to any question please provide further details below:  Details: | | | | | | | | | | | | |
| **Background Information** | | | | | | | | | | | | |
| **This is a Pass/Fail Section** | | | | | | | | | | **Yes** | | **No** |
| **14** | | Has a receiving or administration order for bankruptcy been made against the organisation or individual persons or any petition or sequestration of the estate of the organisation? | | | | | | | | ☐ | | ☐ |
| **15** | | Has a winding up order, other than for bona fide reconstruction or amalgamation, been passed or a receiver, manager, administrator or equivalent been appointed? | | | | | | | | ☐ | | ☐ |
| **16** | | Have any of the director/ partners/ sole trader or senior managers of the organisation been found guilty of Fraud in the last 5 years or been involved in wrongful or fraudulent trading action or insolvency of company or personal bankruptcy or been disqualified from being a director? | | | | | | | | ☐ | | ☐ |
| **17** | | Have any of the director / partners / sole trader or senior managers of the organisation been convicted in any court in the UK or elsewhere (other than a motoring offence not resulting in disqualification)?  Note: Convictions which have been “Spent” under the Rehabilitation of Offenders Act 1975 need not be disclosed. | | | | | | | | ☐ | | ☐ |
| If you have answered **Yes** to any question please provide further details below:  Details: | | | | | | | | | | | | |
| **Insurance Details** | | | | | | | | | | **Yes** | | **No** |
| **18** | | **Do you have Public Liability Insurance?** | | | | | | | | ☐ | | ☐ |
| Name of Insurance Company: | | | |  | | | | | | |
| Policy Number: | | | |  | | | | | | |
| Date of Expiry: | | | |  | | | | | | |
| Value of Cover: (Minimum of £10 million) | | | |  | | | | | | |
| **19** | | **Do you have Employers Liability Insurance?** | | | | | | | | ☐ | | ☐ |
| Name of Insurance Company: | | | | | | | |  | | |
| Policy Number: | | | | | | | |  | | |
| Date of Expiry: | | | | | | | |  | | |
| Value of Cover: (Minimum of £5 million) | | | | | | | |  | | |
| **20** | | **Do you have Professional Indemnity Insurance?** | | | | | | | | ☐ | ☐ | |
| Name of Insurance Company: | | | | | | | |  | | |
| Policy Number: | | | | | | | |  | | |
| Date of Expiry: | | | | | | | |  | | |
| Value of Cover: (Minimum of £1 million) | | | | | | | |  | | |
| **Please attach a copy of current insurance certificates** | | | | | | | | | | | | |
| **Please also include any information detailing what liabilities you are covered for, what you are not covered for and what you would expect the Customer to be covered for.** | | | | | | | | | | | | |
| **If your current level of Public Liability, Employers Liability or Professional Indemnity Insurance is below our required minimum level would you be prepared to increase your policy to the required amounts if awarded?** | | | | | | | | | | ☐ | | ☐ |
| **Trade Associations** | | | | | | | | | | **Yes** | | **No** |
| **21** | | **Is your organisation, or relevant individual, a member of a professional Trade Organisation / Body appropriate to this contract?**  This response is for reference only. | | | | | | | | ☐ | | ☐ |
| If **Yes** please provide the following: | | | | | | | |  | | |
| Name of the Association/s: | |  | | | | | |  | | |
| Membership Number: | |  | | | | | |  | | |
| Photocopy of current certificate attached | | | | | | | | ☐ | | ☐ |
| **22** | | **Has your organisation, or relevant individual, been refused membership or had membership terminated with any professional / trade body in the last 5 years?**  **This is a Pass/Fail Question** | | | | | | | | ☐ | | ☐ |
|  | | If you have answered **Yes** to the above question please provide details below:  Details: | | | | | | | | | | |

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| **Health and Safety Questionnaire** | | | | | | | | |
| **Company Name** | |  | | | | | | |
| Please answer the following questions. The responses you give will assist us in assessing your competence to carry out works on behalf of East Wittering & Bracklesham Parish Council. You also need to be aware that if your assessment is satisfactory that you will be asked for financial and insurance information. This is a pass/fail section. | | | | | | | | |
| **Health and Safety Policy and Arrangements** | | | | | | | | |
| **1** | Please confirm one of the following options: | | | | | | | |
| 5 or more employees, but no company health and safety policy | | | | | | ☐ | |
| 5 or more employees, with a company health and safety policy | | | | | | ☐ | |
| Fewer than 5 employees - no company health and safety policy | | | | | | ☐ | |
| Fewer than 5 employees - with a company health and safety policy | | | | | | ☐ | |
| *This response is for reference only. Max 2 sides A4.* | | | | | | | |
| **2** | Who is ultimately responsible for health and safety within your Company? | | | | | | | |
|  | | | | | | | |
| **3** | Do you have Health and Safety qualifications, accreditations or awards such as OHHAS18001, CHAS etc? | | | | **Yes** | | | **No** |
| ☐ | | | ☐ |
| If yes, give details: | | | | | | | |
| **4** | Where appropriate, how do you communicate your health and safety policy to your staff? | | | | | | | |
|  | | | | | | | |
| **5** | How do you monitor health and safety arrangements within your organisation? | | | | | | | |
|  | | | | | | | |
| **6** | What are the emergency arrangements e.g. Fire, First Aid for your staff? | | | | | | | |
|  | | | | | | | |
| **Accident Information** | | | | | | | | |
| **7** | How many accidents have you had in the past 3 calendar years? Please complete all boxes entering ‘0’ where appropriate: | | | | | | | |
|  | | **2016** | **2017** | | **2018** | | |
| Major, reportable injuries | |  |  | |  | | |
| Injuries requiring First Aid and sick leave  (2 days+) | |  |  | |  | | |
| Injuries requiring First Aid and sick leave  (up to 2 days) | |  |  | |  | | |
| Injuries requiring First Aid but no sick leave | |  |  | |  | | |
| Dangerous occurrences | |  |  | |  | | |
| Reportable diseases | |  |  | |  | | |
| Near Misses | |  |  | |  | | |
| For all of the above please detail the dates and cause of injury below. Include details of any actions resulting from any injuries/near misses to prevent further occurrences: | | | | | | | |
| **Enforcement Action** | | | | | | | | |
| **8** | Have you had any enforcement action taken against you or your company for health and safety contraventions in the past 3 years? | | | | **Yes** | | | **No** |
| ☐ | | | ☐ |
| If yes, give details: | | | | | | | |
| **Risk Assessments and Method Statements** | | | | | | | | |
| **9** | Please confirm that your company has risk assessments/method statements which are specific to the works to be undertaken (examples may be requested) | | | | **Yes** | | **No** | |
| ☐ | | ☐ | |
| **10** | What high-risk activities does your Company undertake and what health and safety arrangements do you have in place to protect your employees or those affected by the activities: | | | | | | | |
|  | | | | | | | |
| **Competent Health and Safety Advice** | | | | | | | | |
| **11** | Who provides your Company with competent health and safety advice? Include details of their experience / training: | | | | | | | |
|  | | | | | | | |
| **Training** | | | | | | | | |
| **12** | What training have employees received relevant to the works being carried out? Please detail specific training regarding traffic awareness, threat awareness and manual handling. | | | | | | | |
|  | | | | | | | |
| **13** | How do you ensure that all of your staff remains competent? | | | | | | | |
|  | | | | | | | |
| **Consultation / Communication** | | | | | | | | |
| **14** | How does your Company consult/communicate with the workforce in discussions regarding health and safety matters? | | | | | | | |
|  | | | | | | | |
| **Sub-Contractors Checks** | | | | | | | | |
| **15** | If you use sub-contractors, give examples of the checks you undertake to assess health and safety compliance including competence. | | | | | | | |
|  | | | | | | | |
| **Work Equipment** | | | | | | | | |
| **16** | What arrangements do you have in place for the selection, maintenance and inspection of work equipment? | | | | | | | |
|  | | | | | | | |
| **Personal Protective Equipment (PPE)** | | | | | | | | |
| **17** | What arrangements do you have in place for the provision, maintenance and storage of PPE? | | | | | | | |
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| **Supplier’s Safeguarding Risk Assessment** | | | | | |
| This Risk Assessment must be completed satisfactorily in order for any company to be considered to tender for any Council contract. Your Organisation should review the Service Specification attached and illustrate how you would address the issues detailed below.  East Wittering & Bracklesham Parish Council is morally and legally responsible for:   * Implementing its Safeguarding policy and procedures. * Providing a duty of care for Children, Young People and Adults at Risk. * Safeguarding the wellbeing of Children, Young People and Adults at Risk. * Protecting Children, Young People and Adults at Risk from abuse when they are engaged in services organised and provided by the Council. | | | | | |
| **Company Name** | |  | | | |
| **1** | Please provide details of the Senior Manager responsible for ensuring your organisation’s compliance with the Safeguarding duties and their overall role within your organisation. | | | | |
|  | | | | |
| **2a** | In accordance with Section 11 of the Children Act (2004) do you have arrangements in place for Safeguarding Children, Young People and Adults at Risk? (This could include a Safeguarding policy and procedure, recruitment, selection and vetting procedures, training and safe working practices). | | | **Yes** | **No** |
| ☐ | ☐ |
| **If YES please enclose a copy of your policy and procedures and please detail the following:**   * At what frequency are your Safeguarding arrangements reviewed? * Your procedures for reporting suspected abuse. | | | | |
|  | | | | |
| **If NO please answer Question 2b below.** | | | | |
| **2b** | Are you prepared to adopt arrangements for Safeguarding Children, Young People and Adults at Risk? | | | **Yes** | **No** |
| ☐ | ☐ |
| Please outline arrangements your organisation intends to adopt, how you intend doing so and timescales involved. | | | | |
|  | | | | |
| **3** | What do you consider will be the main Safeguarding risks associated with the provision of the service and how will you address or mitigate these risks?  For example consider:   * Are Children, Young People and Adults at Risk involved or likely to be present during the provision of the service? * Will there be direct contact with Children, Young People and Adults at Risk (e.g. sports coaching, consultation, house visits etc)? * Where will the Service be provided? (e.g. is it in an isolated location or visible to others?) | | | | |
| **Possible Risks** | | **How Mitigated** | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| **4** | What guidance and training do you provide to your staff and volunteers regarding Safeguarding? How often is this training refreshed? | | | | |
| **For Companies who sub-contract** | | | | | |
| **5** | Do you require sub-contractors to demonstrate evidence of their Safeguarding policies and practices? | | | **Yes** | **No** |
| ☐ | ☐ |
| If you have answered YES, please provide details of what kind of evidence sub-contractors are required to submit: | | | | |
|  | | | | |