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IT Support

**Appendix B:**

**Company Questionnaire 2023-24**

Suppliers/contractors are required to complete the following information regarding their organisation. During the tender process all information will be kept confidential and only accessed by those officers and members involved in decision making. If your quotation is successful, some details will be available to the public via our financial declarations or by Freedom Of Information. Unsuccessful tenders will be kept for two years. By submitting your quotation, you accept these terms. If quoting for more than one service, please include relevant information for the full scope of provision.

|  |  |
| --- | --- |
| Section 1: Contact Details | |
| Name of Organisation |  |
| Name of person completing the questionnaire |  |
| Position in organisation |  |
| Direct Telephone Number |  |
| E-mail Address |  |
| Company Registration Number |  |
| Registered Company Address |  |
| Are any other companies or departments within your company quoting for this or any other contract?  Details: | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 2: Company details | | | | | | | |
| **2.1 Contracts withdrawn and outstanding claims** | | | | | | | |
|  | | | | | YES | | NO |
| Has your organisation had a contract prematurely withdrawn or terminated by the client organisation within the last 3 years? | | | | | 🞏 | | X |
| Has your organisation prematurely withdrawn from or terminated a contract within the last 3 years? | | | | | 🞏 | | X |
| Has your organisation not had a contract renewed for failure to perform? | | | | | 🞏 | | X |
| Are there any outstanding claims or litigation against your organisation? | | | | | 🞏 | | X |
| Is your organisation likely to be undertaking work which could give rise to a conflict of interest with this contract? | | | | | 🞏 | | X |
| Have any of the directors/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)?  Spent convictions need not be disclosed | | | | | 🞏 | | X |
| If you have answered yes to any of the above please give details: | | | | | | | |
| **2.3 Insurance details (Please attach copies of valid insurance certificates)** | | | | | | | |
| Details of Public Liability Insurance  Insurance Company:  Policy Number:  Expiry Date:  Value of cover: | | | | | | | |
| Details of Employers Liability Insurance  Insurance Company:  Policy Number:  Expiry Date:  Value of cover: | | | | | | | |
| Details of Professional Indemnity Insurance  Insurance Company:  Policy Number:  Expiry Date:  Value of cover: | | | | | | | |
| **2.4 Associations and accreditations** | | | | | | | |
|  | | | | | Yes | | No |
| Do you or your organisation hold membership of a professional trade organisation or accreditation scheme? | | | | | X | | 🞏 |
| If yes please provide details and attach copies of relevant certificates: | | | | | | | |
| **2.5 References (Please supply 2 professional referees, ideally where you have provided a similar service, we will only contact them if you reach the final stages of the process).** | | | | | | | |
| Client Name:  Address:  Postcode:  Tel:  Email:  Nature of contract: | | Client Name:  Address:  Postcode:  Tel:  Email:  Nature of contract: | | | | | |
| **Section 3: Health and Safety** | | | | | | | |
| **3.1 Health and Safety Policy** | | | | | | | |
|  | | | | Yes | | No | |
| Do you have 5 or more employees? | | | | 🞏 | | X | |
| Do you have a written health and safety policy? | | | | X | | 🞏 | |
| Who in your organisation is ultimately responsible for health and safety? | | | | | | | |
| Name |  | Position |  | | | | |
| |  | | --- | | **3.3 Risk Assessments** | | We require all contractors, no matter the size of the company, to provide written risk assessments and where applicable method statements, proof of licences and qualifications.  Please supply an example risk assessment with this form, this should ideally be for a similar service. | | | | | | | | |
|  | | | | | | | |
| |  | | --- | | **3.4 Training** | | What training have employees received relevant to the service being quoted for?  How do you ensure your staff remain competent? | | | | | | | | |
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|  | | | | | | | |
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| **3.5 Sub-contractors** | | | | | | | |
| Do you use sub-contractors/suppliers Yes X No 🞏 | | | | | | | |
| If yes, what checks do you carry out to ensure they are competent? | | | | | | | |
|  | | | | | | | |
| How do you communicate with sub-contractors regarding health and safety? | | | | | | | |
|  | | | | | | | |
| **Section 4: Values** | | | | | | | |
| 4.1 What are the core values of your company? | | | | | | | |
|  | | | | | | | |

I confirm that all information given is true and no relevant details have been withheld.

The following documents will be supplied with this form. (please tick those that apply)

Proof of

🞏 Public liability Insurance

🞏 Employers Liability Insurance

🞏 Other insurance

🞏 Evidence of membership of professional bodies

🞏 Evidence of accreditations/scheme membership

🞏 Evidence of relevant qualifications

🞏 Example Risk Assessment

🞏 Example Method Statement

Name:

Position:

Signed:

Date: