**Form of tender CONTRACT STC2024/1**

# To be returned by 12.00 hrs on Friday 23rd February 2024 by email to clerk@stroudtown.gov.uk

# TENDER FOR H&S/HR SUPPORT CONTRACT AND INSURANCE

## To Stroud Town Council

1. I/we have read the **Tender Brief** and, subject to and upon the terms and conditions contained in the said documents, I/we offer to provide the serviceS specified, at the price/premium quoted by me/us.

2. Terms and Conditions. I/we agree that this tender and any contract which may result from it shall be based upon the documents listed below which I/we confirm to be those provided as part of the above referenced Invitation to Tender.

1. Tender Specification
2. Form of Tender
3. Tender Instructions

3.Law. I/we agree that any contract that may result from this tender shall be subject to English law.

1. The prices quoted in this tender are valid until 1ST April 2024 and that we will maintain the annual premium/price for 3 years under a standard long-term agreement.
2. I/we understand that Tenderers are prohibited from contacting Councillors or Staff to encourage or support their tender outside of the prescribed process and note that the Bribery Act 2010 applies to this tender.

# Extent of services offered

## Employment Law and HR Support

|  |  |
| --- | --- |
| **Services required** | **Included** **(Y/N)** |
| Provide unlimited telephone and email support on employment law and HR matters |  |
| Review the Council’s Employment Policy and Employee Handbook annually to make sure they are up to date |  |
| Review employment contracts as required |  |
| Draft employment documents |  |
| Provide online guidance notes and accompanying templates |  |
| e-Learning on relevant employment law and HR topics |  |
| Access to other relevant training, either online or in person for an additional fee (please provide full details) |  |

## Health and Safety advice and Support

|  |  |
| --- | --- |
| **Services required** | **Included** **(Y/N)** |
| Advisors are able to visit Council sites, possibly at short notice if required. (**Essential)** |  |
| Provide unlimited telephone and email support on health and safety matters |  |
| Review the Council’s Health and Safety policy and Employee Handbook annually to make sure they are up to date |  |
| Accident and incident investigation, including advice on corrective action and support in the event of regulatory enforcement. |  |
| Annual general risk assessment and report covering the Council’s premises, public spaces, policies and procedures, with recommendations for improvements |  |
| Fulfil the role of competent person |  |
| Assist the Council to set up an effective safety management system |  |
| e-Learning on health and safety management and relevant topics |  |
| Access to online compliance systems |  |
| Provide expert advice to support Council managers producing risk assessments |  |
| Access to other relevant training, either online or in person for an additional fee (please provide full details) |  |

## Legal Expenses insurance

|  |  |  |
| --- | --- | --- |
| **Cover required** | **Included** **(Y/N)** | **Limit of Liability £** |
| Employment claims |  |  |
| Health and Safety Prosecution |  |  |

# TENDER PRICES

## Tender Sums

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONTRACT**  | **Basis** | **Year 1** | **Year 2** | **Year 3** | **TOTAL** |
| Employment Law and HR Support  | Excluding VAT |  |  |  |  |
| Health and Safety advice and Support | Excluding VAT |  |  |  |  |
| Legal Expenses insurance  | Excluding IPT |  |  |  |  |
|  | **Total** |  |  |  |  |

Please provide the names and contact details for two councils or other organisations who would be willing to provide references relating to your services.

Reference 1 …………………………………………………………………………..

…………………………………………………………………………………………

Reference 2 ………………………………………………………………………….

…………………………………………………………………………………………

Signed ....................………………………
Name (in BLOCK CAPITALS)……………………………...

in the capacity of …………………………………………………………duly authorised to sign tenders for and on behalf of (in BLOCK CAPITALS)
………………………….

Postal Address .................................................
 .......................................................................... ..................
 Telephone No. .....................................………

Date ..........….......................................…...…

E-mail…………………………………………..