

**PRE-QUALIFICATION QUESTIONNAIRE**

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| --- |
| **Contract title:** |
| **Contract for the provision of the ECITB’s 2025 level 2 Scholarship Programme** (**England – NE, NW and the Humber)** |
| **Nominated Contact:** | Mr Adrian Wookey |
| **Telephone:** | Please email |
| **Email address for electronic submission:** | procurement@ecitb.org.uk |
| **Applicability**  | All bidders for all lots. |
| **Lot tendered for (please mark)**As detailed within Specification documents 2 a-c). **Each lot requires a separate PQQ submission** | **[ ]** Lot 1 - ECITB SCHOLARSHIP 2025 2a – Fab/Weld - Cumbria**[ ]** Lot 2 - ECITB SCHOLARSHIP 2025 2b – Mechanical - Cumbria**[ ]** Lot 3 - ECITB SCHOLARSHIP 2025 2c – Pipe Fitting – Birkenhead area**[ ]** Lot 4 - ECITB SCHOLARSHIP 2025 2d – Pipe Fitting - Humberside**[ ]** Lot 5 - ECITB SCHOLARSHIP 2025 2e – Pipe Fitting – North East Eng |

Table of Contents

1. Organisational Information
2. Technical Experience and References
3. Financial Details
4. Insurance
5. Equal Opportunities
6. Health & Safety
7. Environment
8. Professional Conduct
9. Freedom of Information
10. Undertakings

**THE INFORMATION DISCLOSED IN THIS PRE-QUALIFICATION QUESTIONNAIRE IS DESIGNED TO GIVE ECITB ALL THE INFORMATION NEEDED FOR USE IN THE DECISION ON WHETHER OR NOT YOUR COMPLETE TENDER SHOULD BE CONSIDERED FOR THE CONTRACT DESCRIBED ON THE FRONT COVER**

**Instructions for completing the Pre-Qualification Questionnaire (“PQQ”):**

Please read all the information in this application form. If you have any questions, please send these via email to the contact named on the front page of this PQQ. ECITB will endeavour to respond to clarification questions received up to **Friday, 10 January 2025 by 5pm.**

This tender consists of 5 lots. Bidders can submit offers for one, two, three, four or all five lots as detailed within the relevant specifications. Bidders must clearly mark on their Pre-Qualification Questionnaire which Lot (1-5) they are completing for.

For each lot you bid on, you must submit a separate Pre-Qualification Questionnaire (PQQ). If you are bidding on multiple lots, you may copy the general information from your first PQQ submission into the others. Any changes or lot-specific details should be highlighted in red.

It is very important that you fully answer all the questions that apply to your company or organisation, and not for the group if you are part of a group of companies. Your application may be rejected if you do not answer relevant questions. We may require you to provide additional documents to support your application, after its submission.

Unless specifically requested to supply copies of documents, please insert your answers in the space provided following each question (the table will expand as required, noting and keeping within the word count specified). All enclosures and supporting documents should be clearly marked with the name of your organisation, the section number and the question to which they relate. All questions anticipating enclosures are marked with an asterisk.

Do not include general marketing or promotional material from your Organisation as answers to any of the questions unless specifically requested to do so.

*ECITB reserve the right to reject as ineligible any incomplete submissions. Also, should any false information be provided, your application will automatically be excluded from consideration.*

**Instructions for return of the Pre-Qualification Questionnaire**.

The Questionnaire should be fully completed and returned to the Nominated Contact(s) (whose details are shown on the front cover) as follows:

* 1 electronic copy sent to the Nominated Contact’s email address(es).

**PQQ’s must be returned by** **Monday, 13 January 2025 by 5pm.** PQQ’s received after the deadline stated will not be considered.

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| --- |
| **DETAILS OF PERSON DEALING WITH &/OR SUBMITTING THIS PQQ**  |
| **Full name** |  |
| **Position** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Signature** |  |
| **Date** |  |

## SECTION ONE: Organisational Information

|  |  |  |
| --- | --- | --- |
| **No.** | **Question:** | **Response:** |
| **1.1** | **Full name of organisation (this should be the name of the organisation acting as prime contractor, where applicable).** |  |
| **1.2** | **Trading name of organisation (if different from above).** |  |
| **1.3** | **Date of Company formation.**  |  |
| **1.4**  | **Registered Number if a limited company or Charity Number.** |  |
| **1.5\*** | **How many staff does your organisation employ? Please submit an Organisational Chart.** |  |
| **1.6** | **Registered address of organisation and address of principal trading office.**  |  |
| **1.7** | **Telephone Number:** |  |
| **1.8** | **Does your company have the facility to return tender documents electronically?**  |  |
| **1.9** | **E-Mail Address For Tender Documents:** |  |
| **1.10** | **E-Mail Address(s) For Official Orders (if different from above):** |  |
| **1.11** | **Address and phone number of office from where business would be conducted in support of this contract, if different from 1.6 above.** |  |
| **1.12** | **Contact Name in respect of this Contract.** |  |
| **1.13** | **Full names and addresses of all directors/company secretary/ partners/associates or proprietor.** |  |
| **1.14** | **Have any of the persons named in 1.13 above, been subject to bankruptcy proceedings or been involved in an organisation which has been subject to liquidation proceedings or had receivers appointed or that they are prohibited from holding those offices for any reasons?** **If yes, please give details. (Pass/Fail)** | Yes [ ] No [ ]**If yes, further details:** |
| **1.15** | **Have any of the persons named in 1.13 above, been convicted of any criminal offence, apart from minor traffic offence?** **If yes, please give details. (Pass/Fail)** | Yes [ ] No [ ]**If yes, further details:** |
| **1.16** | **Do any of the persons named in 1.13 above have relative(s) who are senior employees of ECITB? If yes, please provide details.**  |  |
| **1.17** | **Do any staff employed in your organisation (or partner organisations) that would be engaged on this contract have relative(s) who are senior employees of ECITB? If yes, please provide details.** |  |
| **1.18** | **Have any of the persons named in 1.13 above, ever been employed by ECITB? If yes, please give details.** |  |
| **1.19** | **If your organisation is a member of a group of companies, give the name and address of the holding company.** |  |
| **1.20** | **If your organisation is a member of a group of companies, will the holding company guarantee your performance of the contract if requested?** |  |
| **1.21** | **Provide the names of any other companies or other organisations that may supply any aspect of the proposed solution required by ECITB, whether acting as part of a consortium or as sub-contractors or in any other capacity.** |  |

## SECTION TWO: Technical Experience, Delivery and References

|  |  |  |
| --- | --- | --- |
| **No.** | **Question:** | **Response:** |
| **2.1** | **Please provide a brief history of your organisation and detail its plans for future development (Maximum 300 words).**  |  |
| **2.2** | **Provide contact details (including name of organisation, name of individual, email address and telephone number) of 4 organisations (preferably Government/ Public Service Bodies) for which you have performed similar work and that we may approach for references. Please also state contract value and start and finish dates. These should be within the last 5 years.** |  |
|  | **Ref.1** |  |
|  | **Ref.2** |  |
|  | **Ref.3** |  |
|  | **Ref.4** |  |
| **2.3** | **What similar work has your organisation undertaken to that required by ECITB under this contract?** |  |
| **2.4** | **Has your organisation, or any of your proposed partners, ever had a contract terminated or your employment terminated under the terms of that contract? If yes, please give details.**  |  |
| **2.5** | **If answer to 2.4 is Yes, what steps has your company taken to improve/ resolve the contracted service?** |  |
| **2.6** | **Has your organisation, or any of your proposed partners, not had a contract renewed for failure to perform to the terms of a contract? If yes, please give details.** |  |
| **2.7** | **Has your organisation, or proposed partners, ever suffered a deduction for liquidated and ascertained damages in respect of any contract within the last 3 years? If yes please give details.** |  |
| **2.8\*** | **Provide details of any quality assurance certification which your company holds e.g. ISO 9000 or equivalent standard.**  |  |
| **2.9** | **If you do not hold quality assurance certification, please detail your quality assurance policy, quality strategy or plans to obtain quality assurance accreditation.**  |  |
| **2.10\*** | **What British, European or ISO Standards does your organisation comply with, or equivalent?**  |  |
| **2.11** | **Please confirm that your organisation commits to and can have Scholars enrolled and participating in the programme, including induction and actively learning by the 31 September 2025, with completion of the programme within Q2 2026 (Apr – Jun 26). (Pass/Fail)** | Yes [ ] No [ ] |

## SECTION THREE: Financial Details

|  |  |  |
| --- | --- | --- |
| **No.** | **Question:** | **Response:** |
| **3.1** | **State the full name and contact details of the person in your organisation who will be responsible for financial matters relating to this contract.** |  |
| **3.2\*** | **Please provide copies, or a link to, your organisation’s most recently filed financial accounts and the year prior (two years total) which must be prepared on a going concern basis. These will ideally be externally audited.****(Pass/Fail - See evaluation methodology)** | **Provide Link:****Or attach copies.** |
| **3.3** | **Are there any outstanding claims or litigation against your organisation with regard to systems and / or service delivery? If yes, please give details. (Pass/Fail)** | Yes [ ] No [ ]**If yes, further details:** |
| **3.4** | **Please state the name and address of your bankers.** |  |
| **3.5** | **Bank Account Number:** |  |
| **3.6** | **Bank Sort Code:** |  |
| **3.7** | **Can your company be paid by BACS?**  |  |
| **3.8** | **Please supply your VAT registration number.** |  |
| **3.9** | **ECITB’s standard payment terms are 30 days from receipt of a correct addressed and completed invoice. What percentage discount could your company offer for early settlement within:** |  |
|  | **7 Days?** |  |
|  | **10 Days?** |  |
|  | **14 Days?** |  |
|  | **21 Days?** |  |

## SECTION FOUR: Insurance

**Please give details of your Insurances as below. If you do not have these at point of tender, you are confirming that the relevant insurances will be in place prior to commencement of the contract.**

|  |  |  |
| --- | --- | --- |
| **No.** | **Question:** | **Response:** |
| **4.1\*** | **Please give details of your Organisation’s Employers Liability Insurance (Minimum £5m required). (Pass/Fail)** |
|  | **Insurer:** |  |
|  | **Address of insurer/****broker**: |  |
|  | **Policy number:** |  |
|  | **Expiry Date:** |  |
|  | **Limit of cover:** |  |
|  | Cover will be provided prior to commencement of contract (copy documents to follow): | Please select:Yes [ ]No [ ] |
| **4.2 \*** | **Please give details of your Organisation’s Public Liability (Third Party) insurance.** **(Minimum of £5m required). (Pass/Fail)** |
|  | **Insurer:** |  |
|  | **Address of insurer/****broker:** |  |
|  | **Policy number:** |  |
|  | **Expiry Date:** |  |
|  | **Limit of cover:** |  |
|  | Cover will be provided prior to commencement of contract (copy documents to follow): | Please select:Yes [ ]No [ ] |
| **4.3 \*** | **Please give details of your Organisation’s Professional Indemnity insurance. (Minimum of £1m required). If you do not have this at point of tender, you are confirming here that the relevant insurances will be in place at point of contract award. (Pass/Fail)** |
|  | **Insurer:** |  |
|  | **Address of insurer/****broker:** |  |
|  | **Policy number:** |  |
|  | **Expiry Date:** |  |
|  | **Limit of cover:** |  |
|  | Cover will be provided prior to commencement of contract (copy documents to follow): | Please select:Yes [ ]No [ ] |
| **4.4 \*** | **Please give details of your Organisation’s Business Interruption Insurance.**  |
|  | **Insurer:** |  |
|  | **Address of insurer/****broker:** |  |
|  | **Policy number:** |  |
|  | **Expiry Date:** |  |
|  | **Limit of cover:** |  |
|  | Cover will be provided at point of contract award (copy documents to follow): | Please select:Yes [ ]No [ ] |

## SECTION FIVE: Equal Opportunities

|  |  |  |
| --- | --- | --- |
| **No.** | **Question:** | **Response:** |
| **5.1**  | **Is it your policy as an employer to comply with your statutory obligations under Equality Act 2010, including any subsequent amendments, all subordinate and related regulations? Accordingly, is it your policy and practice not to treat one group of people less favourably than others because of their colour, race, nationality, or ethnic origin in relation to decisions to recruit, train or promote employees?** |  |
| **5.2** | **In the last three years, has any finding of any unlawful discrimination (relating to race, religion, sex, sexual orientation, age, disability or level of pay) been made against your Organisation by any court of law or employment tribunal?**  |  |
|  |  |  |
| **5.3** | **In the last three years has your Organisation been the subject of formal investigation by The Equality and Human Rights Commission on grounds of alleged unlawful discrimination?**  |  |
| **5.4** | **If the answer to 5.2 or 5.3 is Yes, what steps did you take in consequence of that finding?** |  |
| **5.5** | **Is your policy set out: -** |  |
|  | **In instructions to those concerned with recruitment, training and promotion?** |  |
|  | **In documents available to employees, recognised trade unions or other representative groups of employees?** |  |
|  | **In recruitment advertisements or other literature?** |  |
| **5.6** | **Do you observe as far as possible The Equality and Human Rights Commission’s Code of Practice for Employment, which gives practical guidance to employers and others on the elimination of racial discrimination and the promotion of equality of opportunity in employment, including steps that can be taken to encourage members of the ethnic minorities to apply for jobs or take up training opportunities?** |  |
| **5.7** | **As an employer, do you follow the Equality Act 2010, including any subsequent amendments, all subordinate and related regulations which legally protect people from discrimination (e.g. relating to race, religion, gender, age, or disability) in the workplace and in wider society?**  |  |
| **5.8\*** | **To demonstrate compliance with equality legislation ECITB requires the following additional evidence from your organisation. Please detail explicitly where the evidence for each requirement is stated within your Equality Policy/Statement or relevant documentation by indicating the page and line number where it appears.****\*Please enclose a copy of your Equal Opportunities Policy.****A company that does not meet the essential requirements detailed below (1, 2 and 3) will not be considered.** |  |

| **Requirements** | **Met** | **Page / paragraph?** |
| --- | --- | --- |
| **1. The Organisation’s Equal Opportunities Policy / Statement includes explicit commitment to comply with The Equality Act 2010 Acts, including any subsequent amendments, all subordinate and related regulations which legally protect people from discrimination in the workplace and in wider society? (Pass/Fail)** | **Yes/No** |  |
| **2. The Organisation’s Equal Opportunities Policy / Statement includes explicit commitment to observe as far as possible The Equality and Human Rights Commission’s Code of Practice for Employment (Pass/Fail)** | **Yes/No** |  |
| **3. The Organisation’s Equal Opportunities Policy / Statement make it explicitly clear that victimisation, discrimination and harassment are disciplinary offences within the company (Pass/Fail)** | **Yes/No** |  |
| **4. The Organisation’s Equal Opportunities Policy / Statement identifies the senior position within the company with overall responsibility for the policy and its effective implementation** | **Yes/No** |  |
| **5. The Organisation’s Equal Opportunities Policy / Statement includes explicit commitment to regular reviews of the policy** | **Yes/No** |  |
| **5.9** | **If you are not currently subject to UK legislation, please supply details of your experience in working under equivalent material legislation, which, in your country, is designed to eliminate discrimination (relating to race, religion, gender, age, or disability) and to promote equality of opportunity.** |  |

## SECTION SIX: Health & Safety

|  |  |  |
| --- | --- | --- |
| **No.** | **Question:** | **Response:** |
| **6.1 \*** | **\*Please enclose a copy of your organisation’s and any proposed partners Health & Safety Policy and / or other declaration, information or instruction issued by your Organisation as necessary, to protect the health, safety and welfare of your employees.** |  |
|  |  |  |
| **6.2** | **Provide the name of the person(s) with specific responsibility for the implementation and maintenance of your organisation’s health & safety policy e.g. Safety Officer or Safety Adviser.** |  |
|  |  |  |
| **6.3** | **In the last three years has your organisation or proposed partner(s) been prosecuted for contravention of the Health & Safety at Work Act 1974 or equivalent national legislation, or been the subject of a formal investigation by the Health and Safety Executive or similar body charged with improving health and safety standards?** **Please provide details. (Pass/Fail)** | Yes [ ] No [ ]**If yes, details:** |
|  |  |  |
| **6.4** | **Please provide details of how your health and safety policies are communicated to your employees and administered within your organisation.** |  |
|  |  |  |
| **6.5** | **Provide details of any strategies your organisation has introduced to improve safety.** |  |
|  |  |  |
| **6.6** | **Provide details of your organisation’s Health & Safety Training for employees.** |  |
|  |  |  |
| **6.7** | **Does your organisation undertake Health and Safety Audits? Please provide details.** |  |
|  |  |  |
| **6.8** | **Provide details of your organisation’s general training policy with regards to new employees who will service this contract.**  |  |
|  |  |  |

**SECTION SEVEN: Environment**

|  |  |  |
| --- | --- | --- |
| **No.** | **Question:** | **Response:** |
|  | **Does your organisation have an Environmental Policy in place? Please specify.** |  |
| **7.2** | **If your answer to 7.1 is ‘yes’, please provide a copy of the Policy & confirm attached.** | **Attach Copy** |
| **7.3** | **If no Policy is in place, please provide details of all environmental practices including any relating to carbon reduction, carried out by your organisation:** |  |

## SECTION EIGHT: Professional Conduct

|  |  |  |
| --- | --- | --- |
| **No.** | **Question:** | **Response:** |
| **8.1** | **Has your organisation or proposed partners or any employee within these organisations who would be working on this contract, committed a criminal offence relating to the conduct of your business or profession? If so, please provide details. (Pass/Fail)** | Yes [ ] No [ ]**If yes, further details:** |
| **8.2** | **Is your organisation or are your proposed partners currently involved with any legal proceedings (including Arbitration) with any other organisations including those operating in the public sector? If so please provide details.** |  |
| **8.3** | **Are there any issues, current or likely, in relation to your organisation or proposed partners that may give rise to any conflict of interest in the delivery of this contract? If so, please provide details.** |  |

**SECTION NINE: Freedom of Information**

ECITB has obligations and responsibilities under the Freedom of Information Act (2000) from 1st January 2005 to provide access to recorded information held by it upon request.

Applicants/Tenderers who consider that any information submitted/to be submitted in the Tender, Contract Documents or subsequently should not be disclosed to a third party because of its sensitivity should provide a schedule of that information.

The Schedule should contain:

a. Full reasons as to why it is considered to be likely to prejudice the commercial interest of the tenderer or a trade secret by disclosure of the information and would therefore constitute an actionable breach of confidence.

b. Reasonable timescales during which that information should not be disclosed.

## SECTION TEN: Undertakings

When you have completed the Questionnaire, please confirm that:

* You have fully answered all appropriate questions YES/NO
* You have enclosed all documents requested YES/NO
* You have read and signed the section below YES/NO

Relevant documentation to be enclosed:

|  |  |
| --- | --- |
| Certificate of incorporation and any certificate of change of name | [ ] Yes[ ] No |
| Organisational Chart | [ ] Yes[ ] No |
| Copy last 2 years’ audited accounts (or link to these provided in Q 3.2) | [ ] Yes[ ] No |
| Equal Opportunities Policy | [ ] Yes[ ] No |
| Health & Safety Policy and / or other declaration, information | [ ] Yes[ ] No |
| Environmental Policy | [ ] Yes[ ] No |

This undertaking is to be signed by a senior person on behalf of the organisation making this application and has authorisation to do so.

My organisation in completing this Pre-Qualification Questionnaire, has considered the specification(s) issued by ECITB and I/We certify that my/our organisation is interested in performing the services set out in the documentation.

I/We certify that the information supplied is accurate to the best of my/our knowledge and **that:**

**I/We** accept the conditions and undertakings requested in the Pre-Qualification Questionnaire.

I/We understand and accept that the provision of false or inadequate information could result in the rejection of this application.

I/We understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body.

I/We also understand that any such action will empower ECITB to cancel any contract currently in force and will result in the rejection of this application.

|  |  |
| --- | --- |
| SIGNATURE (Person who is duly authorised on behalf of the organisation) |  |
| NAME: |  |
| JOB TITLE: |  |
| EMAIL: |  |
| TEL. NUMBER: |  |
| DATE: |  |