



#### **Projects Department**

#### <u>THDR04 – APPLICATION FOR BRIDGWATER TOWN COUNCIL APPROVED</u> <u>CONTRACTOR /SUPPLIER</u>

**Please return to:** 

Geoff Sawyer (Projects Officer) Bridgwater Town Council Town Hall High Street Bridgwater Somerset TA6 3AS

Email: procurement@bridgwater-tc.gov.uk

#### Section A:

#### **Name of Applicant**

Name of Applicant

This document must be completed in its entirety

## Section B:

#### **Applicant Organisation Details**

The questions in this section are designed to ensure that the Contracting Authority know exactly with whom they may be entering into a contract

B1	Details of Applicant				
1.1	1 Details of contracting organisation				
	State if sole trader, partnership, private limited company, public limited company or if other, please specify				
	Registered name				
	Registered office				
	Registration number				
1.2					
	VAT Registration number				
1.3	Contact details of individual completing this application with whom we may correspond				
	Name				
	Firm				
	Position in firm				
	Telephone number				
	E-mail address				
	Address for correspondence				

B2	Company Background					
2.1	<b>Ownership structure</b> Please provide a one-page chart illustrating the ownership structure of the Potential Provider including relations to any parent or other group or holding companies					
	Attached Yes / No					
2.2	Full legal name and address of Parent Company if applicable					
	Registered name					
	Registered office					
	Registration number					
2.3	Full legal name and address of (ultimate) Parent Company if applicable					
	Registered name					
	Registered office					
	Registration number					
2.4	Parent Company Guarantee					
	If the applicant is a subsidiary, please confirm that Group or the Ultimate Holding Company would be prepared to guarantee the firm's contract performance as its subsidiary					
B3	Formal Accreditation					
3.1	Please enclosed details of any accreditations and / or Association standards your company holds					
	Attached Yes / No					

# Section C:

## **Financial & Insurance Information**

C1	Insurance Details				
1.1	Public Liability Insurance				
	Please confirm that you hold a minimum of £10,000,000 Public Liability Insurance on a per occurrence / event basis				
	Name of Insurance Company				
	Policy start date				
	Policy expiry date				
	Policy number / reference				
	Conditions / Exceptions that apply to the policy				
	Copy of Public Liability Inst	Yes / No			
1.2	Employer's Liability Insurance				
	Please confirm that you hold a minimum of £10,000,000 Employer's Liability Insurance on a per occurrence/event basis Yes / No				
	Name of Insurance Company				
	Policy start date				
	Policy expiry date				
	Policy number / reference				
	Conditions / Exceptions that apply to the policy				
	Copy of Employer's Liability enclosed	/ Insurance certificate and schedule	Yes / No		

C2	Financial Details						
2.1	Accounts						
	Please provide details of Annual Turnover and Profit (or Loss) in the last 3 years.						
	Account Year ending	Turnover	Gross Profit (or Loss)	Net Surplus (Deficit)	Net Assets		
	2010 / 2021						
	2021 / 2022						
	2022 / 2023						

## Section D:

## **Claims & Contract Terminations / Deductions**

D1	Outstanding Claims / County Court Judgements						
1.1	Do you have any outstanding claims, litigations, or judgements against your organisation? Yes / No						
1.2	If YES please provide further details						
	Response:						
D2	Contract Terminations / Deductions						
2.1	Please give details of all similar contracts in the last 3 years which have been terminated early giving the name of the client company / authority, the date of termination and the reasons for termination						
	Response:						

# Section E:

## **Health & Safety and Equal Opportunities**

E1	Health & Safety at Work				
1.1	Does your organisation have a formal health and safety policy or Ye statement?				
	Copy of H&S policy / statemen	t enclosed (this will be evaluated)	Yes / No		
1.2	accreditations such as CHAS (	ernal SSIP's or Health and Safety Contractors Health and Safety Assessment FeContractor, SMAS, Acclaim, Scaffolding	Yes / No		
1.3	If YES to 1.2 please supply the	e following details as well as a copy of any certi	ficates		
	Accrediting Organisation:				
	Reference No:				
	Date accreditation expires or is to be renewed:				
		Copy enclosed	Yes / No		
1.4	, , ,	d with an enforcement notice or been for breaches of health and safety legislation?	Yes / No		
1.5	If YES to 1.4 please give detain have taken to ensure the issue	ls of the prosecution or notice (and what measue(s) will not re-occur)	ires you		
	Response:				
1.6	Do you routinely carry out Risk	Assessments?	Yes / No		
1.7	If YES to 1.6 please state what will be assessed for this project (at certain times, the Contracting Authority may request copies of risk assessments, safe working procedure, or safety method statements)				
	Response:				

1.8	Does your company monitor:					
	(a) Accidents					
	(b) Ill health caused by work					
	(c) Health & Safety Performance			Yes / No		
1.9	Please state how many accidents have been reported to your Enforcing Authority under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) (or EU equivalent) in the last 3 years for employees, sub-contractors (SC) and members of the public (MOP)					
		E	SC	MOP		
	Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021					
	Number of accidents reported under RIDDOR from 1 April 2021 to 31 March 2022					
	Number of accidents reported under RIDDOR from 1 April 2022 to 31 March 2023					
	Total number of accidents reported under RIDDOR in 3 years					
	Please indicate your Accident Incident Rate (AIR) for the fo	llowing pe	eriods:			
	AIR = <u>Number of Employee Accidents multiplied by 1000</u> Divided by the Number of Employees					
	1 April 2020 to 31 March 2021					
	1 April 2021 to 31 March 2022					
	1 April 2022 to 31 March 2023					
1.10	Do you use key sub-contractors to undertake work on contrature?	racts of th	nis	Yes / No		
1.11	If YES to 1.10 please give details of who your key sub-contractors are and what work areas they deliver and how do you ensure they are competent					
	Response:					

## Section F:

## **Climate Change**

In March 2019 the council declared a climate emergency and is aiming to be carbon neutral by 2030. The council is keen to understand how its contractors will help deliver this objective

F1	Carbon Efficiency (max 500 words)			
1.1	What is your company's approach to being more carbon efficient and how does this impact on you running your business?			
	Response:			

# Section G:

# **Contract Specific Questions**

G1	Contract Experience Max 500 words for each section
1.1	Please provide evidence to support your experience in working with a similar public body to the Town Council
	Response:
1.2	Please provide detail of how you would client any arrangements with the Town Council
	Response:
1.3	Please provide details of how you would address customer service and public engagement
	Response:
1.4	Please describe your organisation's typical arrangements for effective management of Health & Safety
	Response:

#### Section H:

#### **Contact Information Retention**

Please provide details of contact information to be held on file to be used should requests for work be given

Name	
Position	
Email Address	
Telephone	
Address	

I agree by signing below that the Council may process my personal details for providing correspondence, information, and public announcements.

#### Declaration

I understand that the responses I have given are to be used as a basis for the awarding of the Town Hall Flat Conversion Contract February 2024 and that Bridgwater Town Council will verify that all the information provided is true and accurate.

Signed	Name
Designation	Date
Organisation	

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#### Appendix A

Contract Dataila	Contract					
Contract Details	1	2	3	4	5	
Name of client, authority/company, & contact details						
Scope of works & Services						
Contract value (£)						
Contract length (weeks)						

#### **TABLE 1 - REFERENCE CONTACTS OF CONTRACTS**