

Kenwyn Parish Council

Contractor Questionnaire

Name and Address of Applicant/Company:

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Post Code:

Tel No:

Email:

Section A

Name of Employer: Kenwyn Parish Council

Address: 1 Nancevallon, Higher Brea, Camborne, TR14 9DE

Tel No: 01209 610250

Website: www.kenwynparishcouncil.gov.uk

Contact: Karen Harding - Clerk

Email: clerk@kenwynparishcouncil.gov.uk

Return Date/time This form and required supporting documentation (see below) must be returned not later than 12 noon on Monday 22nd March 2021 to the following email address tenders@kenwynparishcouncil.gov.uk

Required Documentation:

- Contractor Questionnaire

- Quotation
- Product Details
- Warranty details for structural parts, paintwork, bearings, plastic parts
- Maintenance requirements and lead time for availability of spare parts
- Delivery and installation timetable.
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Section B
(to be completed by the applicant)

Please note: if there is insufficient space to include all the required information on this questionnaire please continue on a separate sheet and attach it to this questionnaire.

General information

B1 Business Details:

Name of Business:

Registered Name:

Date Business Established in its current form:

B2 Office Location:

Registered Office address:
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Post Code:

Address for Correspondence:
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Post Code:

B3 Person dealing with this application:

Name:.....

Position: Tel No:

Email address:

B4 Details of three playground installations carried out in the last 2 years.

Details	Contract 1	Contract 2	Contract 3
Name and address of client			
Value of contract			
Brief description of contract			
Clients contact for reference telephone number and emails address.			

B5 Company Registration Number and date of registration:

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B6 Declaration:

- i) Has any director, partner or person directly concerned in your organisation's management been an employee of Kenwyn Parish Council in the last five Years?
Yes/No

If yes, please give details:

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- ii) Please state if any director, partner or person directly concerned with your organisation's management has a relative who is an employee of Kenwyn Parish Council or a Councillor on Kenwyn Parish Council? **Yes / No**

If yes, please give details:

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B7 Equality, Diversity and Employment

- (i) Do you have an equality and diversity policy?
YES/NO

If 'Yes', please return a copy with this questionnaire.

If 'No' are you developing a policy? If you are currently doing so please state the intended implementation date:.....

- (ii) Has your policy been agreed with your Employees representatives?
YES/NO

- (iii) Does your organisation communicate this policy to all Employees?
YES/NO

If 'Yes', please state how this is achieved:

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- (iv) Does your organisation regularly review recruitment, promotion, transfer and training practices to identify any possible discriminatory effect or implications they might have for equal opportunities
YES/NO

- (v) Do you employ staff from any ethnic minority groups?
YES/NO

- (vi) In the last 3 years has any findings of unlawful discrimination been made against your firm by any court or industrial tribunal?
YES/NO

If 'Yes', please attach details.

- (vii) Do you have a policy for employing local labour?
YES/NO

If 'Yes', please describe how it is implemented, and enclose a copy.

- (viii) Do you have Investor in People certification?
YES/NO

If 'No', are you seeking it?
YES/NO

If 'Yes', when do you anticipate obtaining it?

B8 Training, Qualifications and Development

- (i) Do you have a formal training system for all employees?
YES/NO

If 'Yes', please provide details:

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- (ii) Are regular staff and operative appraisals carried out?

If 'Yes', please provide details:

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B9 Environmental and Waste Management

Please describe how you would deal with the waste that is created by this contract.

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B10 Registration Details and Numbers

Please list your organisations registration with any relevant trade organisations and other similar bodies.

TRADE ORGANISATION OR SIMILAR BODY	DATE OF FIRST REGISTRATION	REGISTRATION NUMBER

HEALTH AND SAFETY

B11 Health and Safety

- (i) Do you undertake safety audits? (In addition to regular site safety checks)

YES/NO

If 'Yes', please provide details:

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- (ii) Are you a member of a safety group or do you use safety consultants?

YES/NO

If 'Yes', please provide details:

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What is the frequency of site safety inspections?

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- (iii) Please provide details of any prohibition or enforcement notices served by the Health & Safety Executive (HSE) during the last two years:

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FINANCIAL INFORMATION

B12 Insurers

Please state the names and addresses of insurers or insurance brokers.

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B13 Liability Insurance

- (i) Employers Liability Insurance and extent of cover:

Insurer:

Policy Number:.....

Limit of Indemnity.....

Expiry Date:.....

- (ii) Public Liability (Third Party) Insurance and extent of cover:

Insurer:.....

Policy Number:.....

Limit of Indemnity.....

Expiry Date:.....

Please enclose copies of all insurance documents detailed above with this questionnaire.

B14 Other information

Please give any other information that may be of assistance in considering your application.

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Signed: _____

Position: _____

For and on behalf of: _____ Date: _____

Please return the form as indicated in section A.