**APPENDIX D**

**Sandwell & West Birmingham Hospitals NHS Trust**

Supplier Assessment Document for

Enhancements to Core Volunteer Service Offer

PROJECT REF: EXTVOLS

Please answer the following questions in full.

For responses requiring more space, please submit appendices to your response with the section and question number clearly indicated.

The overall marks for each section are indicated in Appendix A.

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| **Section 1** | **Candidate information** | **For information** |
| **Question number** | Question | Response |
|  | Full name of the Supplier |  |
|  | Registered office address (if applicable) |  |
|  | Registered website address (if applicable) |  |
|  | Trading status   1. public limited company 2. limited company 3. limited liability partnership 4. other partnership 5. sole trader 6. third sector 7. other (please specify your trading status) |  |
|  | Date of registration in country of origin |  |
|  | Company registration number (if applicable) |  |
|  | Charity registration number (if applicable) |  |
|  | Head office DUNS number (if applicable) |  |
|  | Registered VAT number |  |
|  | Trading name(s) that will be used if successful in this bid. |  |
|  | Please state the turnover of your business for each of the last three years, indicating the year to which each value relates. |  |

Credit checks and a criminal record check for relevant convictions may be undertaken for the preferred candidates.

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| **Section 2** | **Contact details** | **For information** |
| **Question number** | Question | Response |
| **2.1** | Contact name |  |
| **2.2** | Name of organisation |  |
| **2.3** | Role in organisation |  |
| **2.4** | Are you acting in a capacity as a third party advisor to the candidate? | Yes / No |
| **2.5** | Phone number |  |
| **2.6** | E-mail address |  |
| **2.7** | Postal address |  |
| **2.8** | Signature (electronic is acceptable) |  |
| **2.9** | Date |  |

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| **Section 3** | **Experience of providing similar services** | |
| **Question number** | Question | Response |
| **3.1** | Please provide a general overview of your business which demonstrates that you have the experience, capacity and skill sets available to deliver the commission required by SWB. |  |
| **3.2** | Please provide up to 3 examples of similar commissions undertaken by your business. |  |
| **3.3** | Please provide details of references that we may be able to contact (if required) from these projects. |  |

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| **Section 4** | **Response to specification** | |
| **Question number** | Question | Response |
| **4.1** | Please provide a proposal for what you intend to deliver, as outlined in the specification. Please include:   * How you intend to deliver the commission, utilising information you have gathered from this process and your own experience * A clear indication of your timescales of working * How you intend to resource your delivery * How you will ensure the quality of your delivery * Details on your method of working with SWB NHS to ensure that the service/goods and key deliverables sections within the service specification can be achieved |  |

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| **Section 5** | **Commercial response** | |
| **Question number** | Question | Response |
| **5.1** | Please provide a total cost and breakdown for your commission (inclusive of VAT) |  |