

Milford Bank Reinforcement Works -Suitability Assessment (SA)

**Company Details**

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| **Company Name:** |  |

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| **Date Established:** |  | **Registration No** |  |
| **Status:** (sole trader, partnership, limited company etc) | | |  |

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| **Insurance Levels required: Please provide copies of insurance certificates and or a pledge letter that if successful insurance levels will be increased to the levels required below.**  **Pass/Fail**   |  |  |  | | --- | --- | --- | | Employer Liability | Public Liability | Professional Indemnity | | £5,000,000 | £10,000,000 | £2,000,000 |   \**It is a legal requirement that all companies hold Employer’s (Compulsory) Liability Insurance of £5million as a minimum. Please note this requirement is not applicable to Sole Traders.* |

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| **Company Turnover (last 3 Years)-must be at least twice the value of the estimated project cost of £100,000 per annum. Please provide evidence of turnover figures submitted.**  **Note: A credit check will be carried out to ensure the risk level of trading is acceptable to the Council.**  **Pass/Fail**   |  |  |  |  | | --- | --- | --- | --- | |  | Year 2 | Year 1 | Latest (201…) | | Turnover |  |  |  | | Profit |  |  |  | |

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| Have you had any County Court judgements (or equivalent) made against the company in the last three years?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Yes |  | No |  | If Yes, how many? ……………………………….. | |

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| **Company Resources: For information only**   |  |  |  |  | | --- | --- | --- | --- | | Management & Admin |  | Operations |  | |

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| **Equal Opportunities: Pass/Fail**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Do you operate a written policy on Equal Opportunities and Race Equality covering recruitment and employment matters? | Yes |  | No |  | |  | | | | | In the last 3 years have any findings for discrimination been made against your organisation by a court or tribunal? | Yes |  | No |  | |  | | | | |

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| **Quality: For information only**  Does your Company hold any current accreditation for your quality systems?   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Yes |  | No |  | Accreditation ………………………………… | | | | | | Do you have a dedicated Quality Manager / Consultant? | | | | | Yes |  | No |  | |  | | | | |
| **Health & Safety: Pass/Fail**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Do you have a written Health & Safety Policy? (Please provide a copy if Yes) | Yes |  | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Do you have a risk assessment process? (Please provide a copy if Yes) | Yes |  | No |  |   In the last 3 years how many prosecutions, prohibition notices and improvement notices has your company received?   |  |  | | --- | --- | | Prosecutions |  | | Prohibition Notices |  | | Improvement Notices |  |   (Please provide details on a separate sheet) |

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| **Environmental: Pass/Fail**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Do you have a written Environmental Policy? | Yes |  | No |  |   (Please provide details of any environmental initiatives you have/are running to minimise the environmental impact of your operations.) |

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| **References:**  Please attach the names and contact details for at least THREE recent clients (last 3 years) for whom you have provided similar goods or services to those described in this tender. |

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| **DECLARATION**  I declare that the details submitted in this Application Form are correct.  I declare that the applicant is the organisation which it is proposed will enter into a formal contract with the Council if awarded the contract.  I understand that the information disclosed in this application form will be used in the evaluation process to assess my firm's general suitability and competence to conduct the service to be tendered by Amber Valley Borough Council.  Signed:  Name:  Position:  Date: \_\_/\_\_/\_\_\_\_ |