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| --- | --- |
| Please complete this questionnaire as fully as possible providing additional information that may be useful in assessing your company. If additional information is provided in response to any question please indicate in the space provided for the answer that additional information has been provided and reference the additional information with the question number.  If there are questions that cannot answered please state the reason for not answering.  We undertake to provide the adequate resources to fulfil our obligations, under the requirements of The Construction (Design and Management) Regulations 2007.  Signed: ..................................................................................................................  on behalf of: ..................................................................................................................  (company name) | |
| **This questionnaire comprises the following sections** | |
| Section one | Company Details |
| Section two | Organisation & Management |
| Section three | Financial |
| Section four | Quality |
| Section five | Sub-contractors |
| Section six | Health & safety |
| Section seven | Environmental |

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| **1.0** | **Company Details** | | |
| 1.1 | Full legal name of company |  | |
| 1.2 | How long has the company traded under this name/previous name if applicable |  | |
| 1.3 | State whether company is private or public limited, partnership etc. |  | |
| 1.4 | Address and phone and fax number of registered office |  | |
| 1.5 | Address and phone number of office from which this project will be managed (if different from above) |  | |
| 1.6 | Name and address of parent company if applicable |  | |
| 1.7 | Provide details of the type of work in which you specialise |  | |
| 1.8 | VAT registered number |  | |
| **2.0** | **Organisation & Management** | | |
| 2.1 | If a subsidiary, what is the relationship with the parent company (Ownership, Directorship, Authority) |  | |
| 2.2 | Please provide a staff profile showing the number of permanent staff, their grades, trade and professional qualifications |  | |
| 2.3 | Please provide a staff profile showing the number of contract staff, trade and professional qualifications |  | |
| **3.0** | **Financial** | | |
| 3.1 | What was the turnover of the company for the last three years ? | \_\_\_\_\_ £  \_\_\_\_\_ £  \_\_\_\_\_ £  Companies whose turnover in the last year is not more than £8,000,000 will be a Fail. | |
| 3.2 | Last 3 years companies accounts. A credit check will be carried out as part of the financial assessment. |  | |
| 3.3 | Confirm you carry the following insurances:  Public liability £5,000,000 any one claim or a series of claims in the period of insurance  Employer’s liability £10,000,000 any one claim or a series of claims in the period of insurance  Professional Indemnity Insurance £5,000,000 any one claim or a series of claims in the period of insurance  Contractor’s all risks £5,000,000 any one claim or a series of claims in the period of insurance | Yes **[ ]** No **[ ] Pass/Fail**  Yes **[ ]** No **[ ] Pass/Fail**  Yes **[ ]** No **[ ] Pass/Fail**  Yes **[ ]** No **[ ] Pass/Fail** | |
| 3.4 | Please provide details of the turnover already secured for the current financial year | £ | |
| 3.5 | Confirm that you have the capacity to take on this project. | Yes **[ ]** No **[ ] Pass/Fail** | |
| **4.0** | **Quality (Weighting)** | | |
| 4.1 | Please provide details of any quality assurance systems operated by the company |  | |
| 4.2 | Does the company hold any third party accreditation?  If yes, please provide details | Yes **[ ]** No **[ ]** | |
| 4.3 | Please provide details of three projects of a similar size and nature undertaken in the last three years including:-  Name of Client  Nature of work  Location  Value  Number and grade of permanent staff engaged on project | \* Place details on separate sheet | |
| **5.0** | **Sub-Contractors** | | |
| 5.1 | Is there any part of the works that you would normally sub-contract ?  If yes, please indicate previous contracts carried out, and the procedures your company has in place to assess the competence of sub contractors. | Yes **[ ]** No **[ ]** | |
| **6.0** | **Health and Safety** | | |
| 6.1 | Confirmation that you have SSIP Accreditation for ‘Principal Contractor’ include accreditation details. Note that SSIP Accreditation for ‘Contractor’ will not be accepted. | | Yes **[ ]** No **[ ] Pass/Fail** |
| 6.2 | Who, within your organisation holds ultimate responsibility for Health and Safety | | Not scored |
| 6.3 | Have any HSE Enforcement or prohibition notices been served against you in the last 3 years ?  If yes, please provide details | | Yes **[ ]** No **[ ]** |
| 6.4 | Who will provide health and safety advice and surveillance on this project?  Please provide experience and qualifications: | |  |
| **7.0** | **Environmental** | | |
| 7.1 | Does your company have an environmental policy?  If so, provide a copy. | | Yes **[ ]** No **[ ] Pass/Fail** |
| 7.2 | Does your company have a sustainable procurement strategy?  If so, please provide details. | | Yes **[ ]** No **[ ]** |
| 7.3 | Is your company certified to EMAS, ISO14001 or BS8555?  If so, please provide evidence. | | Yes **[ ]** No **[ ]** |
| 7.4 | Has your company or any director had any civil/criminal action brought against it/them for any so environment offence?  If so, please provide details. | | Yes **[ ]** No **[ ] Pass/Fail** |
| 7.5 | Provide examples where appropriate where you have worked to improve the sustainability within contracts. | |  |