

**Approved Provider and Contractor Finance and  
Legal Information Questionnaire**

If your application is successful then you will be approved for a 3-year period after which we will need to reassess your financial stability and what insurances etc you have in place.

Instructions on completing this form

**A** If your organisation is ‘in scope’ and pays levy to ECITB please complete sections 1, 2, 5 & 6

If your organisation is ‘in scope’ but does not pay a levy to ECITB, please complete all sections

For all other organisations, please complete all sections.

**B** Please complete this form fully and provide all requested documents

**C** Please sign and date this Form prior to return to the ECITB.

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| 1. **ORGANISATIONAL INFORMATION** |
| 1.1 Name of organisation: |
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| 1.2 Contact details (name, job title, address, email, fax and telephone no.): |
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| 1.3 Registered address (if limited company and/ or charity) & registration number: |
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| 1.4 Trading address (if different to registered address): |
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| * 1. Is your organisation: A limited company; an unlimited partnership; a limited liability partnership; a sole trader; a charity; an unincorporated association; a local authority; a government body?  **PLEASE SPECIFY ALL THAT APPLY**. |
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| * 1. Is your organisation part of a group? If so, please provide full details of the group (organisational names, addresses, registration numbers and ownership of group companies). |
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| * 1. If a partnership or sole trader please provide full personal details of the partners/ sole trader – to include full names, home addresses, telephone numbers, email addresses. |
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| * 1. If a limited company and/ or charity, please provide addresses of directors, trustees and secretary: |
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| * 1. Does your organisation operate a leviable establishment in scope to ECITB? |
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| 1. **COMPLIANCE** |
| 2.1 Has the organisation entered into any arrangements with its creditors, administration or receivership within the last two years? If yes, please also provide details. |
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| 2.2 Have any of the directors/trustees/controllers of the organisation ever been barred from serving as a company director? If yes, please also provide details. |
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| 2.3 Have any of the directors/trustees/controllers of the organisation ever been convicted of any offence under the Theft Acts or any other offence involving financial impropriety? If yes, please also provide details. |
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| 2.4 Have any of the business’ owners, controllers, directors or trustees been an officer of any company or business, which has entered into any arrangements with its creditors, bankruptcy, liquidation, receivership, administration or dissolution within the past 3 years? If yes, please also provide details. |
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| 2.5 Please state if any of the owners, directors, trustees or controllers of the company or business is an undischarged bankrupt. If yes, please also provide details. |
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| 2.6 Have any of the business’ owners, controllers, directors or trustees been an officer or employee of or a trainer for any company or business which is or has been an ECITB Approved Provider? If yes, please also provide details. |
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| 1. **FINANCIAL HEALTH & VIABILITY** |
| 3.1 Please provide full audited annual accounts for the last three financial years (not simply a balance sheet) confirming provided. (NB. If three years audited accounts are not available, please explain why, provide available audited accounts, and projected financial year-end and current management accounts). |
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| 3.2 Please provide the name and address of your organisation’s current bank and a letter of authority to allow the bank to disclose this information. (The ECITB may request a reference from the bank). |
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| * 1. Please provide the sort code and bank account number for your business bank account. |
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| 1. **EXPERIENCE** |
| 4.1 Please provide details of three referees (customers) – Contact name, organisation name, address, email address and telephone no. (The ECITB will obtain references from referees). |
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| 4.2 Please provide details of contracts delivered to other organisations during the last two years which are similar to those required by the ECITB - listing customer name, services/products delivered, contract value and period. |
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| 1. **POLICY APPROACHES** |
| 5.1 Has your organisation achieved a recognised quality management standard – e.g. ISO 9001: 2008 or equivalent? If yes, please attach current copy certificate and confirm attached. If no, please detail your approach to quality management. |
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| 5.2 Does your organisation have an Equal Opportunities Policy in place? |
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| 5.3 Does your organisation comply with all relevant and applicable legislation and regulations (both UK and European Union laws and directives) designed to ensure that no job applicant, employee or customer receives less favourable treatment than any other on the grounds of sex, marital status, race, colour, nationality, ethnic or national origin, religion, age, disability or sexual orientation? |
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| 5.4 Does your organisation have an Environmental Policy in place? If no policy is in place, please provide details of all environmental practices, including any relating to carbon reduction, carried out by your organisation. |
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| 5.5 Does your organisation have a Health and Safety Policy in place? If your organisation employs fewer than 5 staff and a policy is not in place, please detail measures and approaches in place to protect the health and safety of your staff. |
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| 5.6 Please provide details of your organisation’s Health & Safety training for employees. |
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| Please note that the ECITB may request copy policies in the future, although these are not to be sent at this stage. |

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| 1. **INSURANCES** |
| 6.1 Please provide details of your organisation’s Professional Indemnity Insurance – amount of cover, policy number, expiry date and name and address of insurer. |
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| 6.2 Please provide details of your organisation’s Employers Liability Insurance – amount of cover, policy number, expiry date and name and address of insurer. |
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| 6.3 Please provide details of your organisation’s Public Liability Insurance – amount of cover, policy number, expiry date and name and address of insurer. |
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| 1. **PROPOSED RELATIONSHIP WITH ECITB** |
| 7.1 Please outline the proposed relationship with the ECITB (i.e. Training Provider, Approved Testing Centre, Supplier of goods, Supplier of Services, Consultant etc) |
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| 7.2 Please provide details of services/goods you will be contracting with ECITB to provide (e.g. training services, consultancy, business services, type of goods, other) and the type of service (e.g. management course design) |
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| * 1. If applying to be a Training Provider please outline the Programme/s you are applying to deliver |
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| 7.4 Have you had an accreditation withdrawn from ECITB or another accrediting body? |
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I confirm that, to the best of my knowledge, all information provided within this Approved Provider and Contractor Finance and Legal Information Questionnaire Form is correct and up-to-date. Should any material changes occur to the business that would affect the Financial and Legal information referenced above I shall endeavour to notify ECITB as soon as is possible.

**Signed:**

**Capacity:**

**Date:**

**For ECITB use only**

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| **Date form received:** | |
| **Contractor Approved?** | |
| **Y/N** | |
| **Reasons for rejection (If any)** | |
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| **Completed by;** | |
|  | |
| **Signature** | **Date** |
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