

**Projects Department** 

# <u>THTE04 – BRIDGWATER TOWN COUNCIL APPROVED CONTRACTOR / SUPPLIER APPLICATION FORM</u>

#### Please return to:

Geoff Sawyer (Projects Officer)
Bridgwater Town Council
Town Hall
High Street
Bridgwater
Somerset
TA6 3AS

Email: procurement@bridgwater-tc.gov.uk

#### **Section A:**

#### **Name of Applicant**

Name of Applicant

This document must be completed in its entirety

### **Section B**:

### **Applicant Organisation Details**

The questions in this section are designed to ensure that the Contracting Authority know exactly with whom they may be entering into a contract

B1	Details of Applicant		
1.1	Details of contracting organisation		
	State if sole trader, partnership, private limited company, public limited company or if other, please specify		
	Registered name		
	Registered office		
	Registration number		
1.2	VAT Registration		
	VAT Registration number		
1.3	Contact details of individual completing this application with whom we may correspond		
	Name		
	Firm		
	Position in firm		
	Telephone number		
	E-mail address		
	Address for correspondence		

B2	Company Background			
2.1	Ownership structure Please provide a one-page organogram illustrating the ownership and staff structure of your company including relations to any parent or other group or holding companies			
	FOR INTERNAL USE ONLY	Attached	Yes / No	
2.2	Full legal name and add	lress of Parent Company if applicable		
	Registered name			
	Registered office			
	Registration number			
2.3	Full legal name and address of (ultimate) Parent Company if applicable			
	Registered name			
	Registered office			
	Registration number			
2.4	Parent Company Guara	ntee		
		sidiary, please confirm that Group or the would be prepared to guarantee the firm's subsidiary	Yes / No	
В3	Formal Accreditation			
3.1	Please enclosed details of a company holds	any accreditations and / or association standa	rds your	
	FOR INTERNAL USE ONLY	Attached	Yes / No	

# Section C:

### **Financial & Insurance Information**

C1	Insurance Details			
1.1	Public Liability Insurance			
	Please confirm that you ho Liability Insurance on a per	ld a minimum of £5,000,000 Public coccurrence / event basis	Yes / No	
	Name of Insurance Company			
	Policy start date			
	Policy expiry date			
	Policy number / reference			
	Conditions / Exceptions that apply to the policy			
	FOR INTERNAL USE ONLY	Attached	Yes / No	
1.2	Employer's Liability Insurance			
	Please confirm that you hold a minimum of £5,000,000 Employer's Liability Insurance on a per occurrence/event basis			
	Name of Insurance Company			
	Policy start date			
	Policy expiry date			
	Policy number / reference			
	Conditions / Exceptions that apply to the policy			
	FOR INTERNAL USE ONLY	Attached	Yes / No	

C2	Financial Details				
2.1	Accounts				
Please provide details of Annual Turnover and Profit (or Loss) in the last 3			e last 3 years.		
	Account Year ending	Turnover	Gross Profit (or Loss)	Net Surplus (Deficit)	Net Assets
	2021 / 2022				
	2022 / 2023				
	2023 / 2024				

# Section D:

# **Claims & Contract Terminations / Deductions**

D1	Outstanding Claims / County Court Judgements	
1.1	Do you have any outstanding claims, litigations, or judgements against your organisation?	Yes / No
1.2	If YES please provide further details	
	Response:	
D2	Contract Terminations / Deductions	
2.1	Please give details of all similar contracts in the last 3 years which have terminated early giving the name of the client company / authority, the termination and the reasons for termination	
	Response:	

# Section E:

# **Health & Safety and Equal Opportunities**

E1	Health & Safety at Work		
1.1	Does your organisation have a statement?	formal health and safety policy or	Yes / No
	Copy of H&S policy / statement enclosed (this will be evaluated)		
1.2	accreditations such as CHAS (0	ernal SSIP's or Health and Safety Contractors Health and Safety Assessment feContractor, SMAS, Acclaim, Scaffolding	Yes / No
1.3	If YES to 1.2 please supply the	e following details as well as a copy of any certi	ficates
	Accrediting Organisation:		
	Reference No:		
	Date accreditation expires or is to be renewed:		
	FOR INTERNAL USE ONLY	Attached	Yes / No
1.4		d with an enforcement notice or been for breaches of health and safety legislation?	Yes / No
1.5	If YES to 1.4 please give detail have taken to ensure the issue	ls of the prosecution or notice (and what mease(s) will not re-occur)	ures you
	Response:		
1.6	Do you routinely carry out Risk	Assessments?	Yes / No
1.7	If YES to 1.6 please state what will be assessed for this project (at certain times, the Contracting Authority may request copies of risk assessments, safe working procedure, or safety method statements)		
	Response:		

1.8	Does your company monitor:			
	(a) Accidents		\	es / No
	(b) Ill health caused by work		,	res / No
	(c) Health & Safety Performance		,	res / No
1.9	Please state how many accidents have been reported to you RIDDOR (The Reporting of Injuries, Diseases and Dangerou (or EU equivalent) in the last 3 years for employees, sub-comembers of the public (MOP)	s Occurre	nces Reg	gulations)
		Е	SC	МОР
	Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2022			
	Number of accidents reported under RIDDOR from 1 April 2021 to 31 March 2023			
	Number of accidents reported under RIDDOR from 1 April 2022 to 31 March 2024			
	Total number of accidents reported under RIDDOR in 3 years			
	Please indicate your Accident Incident Rate (AIR) for the following periods:			
	AIR = <u>Number of Employee Accidents multiplied by 1000</u> Divided by the Number of Employees			
	1 April 2020 to 31 March 2022			
	1 April 2021 to 31 March 2023			
	1 April 2022 to 31 March 2024			
1.10	Do you use key sub-contractors to undertake work on contractor?	acts of thi	s	Yes / No
1.11	If YES to 1.10 please give details of who your key sub-contrareas they deliver and how do you ensure they are compete		and wh	at work

	Response:

### **Section F**:

### **Climate Change**

In March 2019 the council declared a climate emergency and is aiming to be carbon neutral by 2030. The council is keen to understand how its contractors will help deliver this objective

F1	Carbon Efficiency (max 500 words)	
1.1	What is your company's approach to being more carbon efficient and how does this impact on you running your business?	
	Response:	

# Section G:

# **Contract Specific Questions**

G1	Contract Experience Max 500 words for each section	
1.1	Please provide evidence to support your experience in working with a similar public body to the Town Council	
	Response:	
1.2	Please provide detail of how you would client any arrangements with the Town Council	
	Response:	
1.3	Please provide details of how you would address customer service and public engagement	
	Response:	
1.4	Please describe your organisation's typical arrangements for effective management of Health & Safety	
	Response:	

### **Section H:**

#### **Contact Information Retention**

Please provide details of contact information to be held on file to be used should requests for work be given

Name	
Position	
Email Address	
Telephone	
Address	

I agree by signing below that the Council may process my personal details for providing correspondence, information, and public announcements.

#### **Declaration**

I understand that the responses I have given are to be used as a basis for the awarding of the Town Hall Theatre Equipment (SLAVSE) Contract November 2024 and that Bridgwater Town Council will verify that all the information provided is true and accurate.

Signed	Name
Designation	Date
Organisation	

Please move to Page 12

### Appendix A

#### **TABLE 1 - REFERENCE CONTACTS OF CONTRACTS**

Contract Details	Contract				
	1	2	3	4	5
Name of client, authority/company, & contact details					
Scope of works & Services					
Contract value (£)					
Contract length (weeks)					