



Bridgwater Town Council

Projects Department

THARS04 – APPLICATION FOR BRIDGWATER TOWN COUNCIL APPROVED CONTRACTOR /SUPPLIER

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

| | | |
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| 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 | |

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| B2 | Company Background | |
| 2.1 | Ownership structure Please provide a one-page chart illustrating the ownership structure of the Potential Provider including relations to any parent or other group or holding companies | |
| | Attached | Yes / No |
| 2.2 | Full legal name and address 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 Guarantee | |
| | If the applicant is a subsidiary, please confirm that Group or the Ultimate Holding Company would be prepared to guarantee the firm's contract performance as its subsidiary | Yes / No |
| B3 | Formal Accreditation | |
| 3.1 | Please enclosed details of any accreditations and / or Association standards your company holds | |
| | Attached | Yes / No |

Section C:**Financial & Insurance Information**

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| C1 | Insurance Details | |
| 1.1 | Public Liability Insurance | |
| | Please confirm that you hold a minimum of £10,000,000 Public Liability Insurance on a per occurrence / event basis | Yes / No |
| | Name of Insurance Company | |
| | Policy start date | |
| | Policy expiry date | |
| | Policy number / reference | |
| | Conditions / Exceptions that apply to the policy | |
| | Copy of Public Liability Insurance certificate enclosed | Yes / No |
| 1.2 | Employer's Liability Insurance | |
| | Please confirm that you hold a minimum of £10,000,000 Employer's Liability Insurance on a per occurrence/event basis | Yes / No |
| | Name of Insurance Company | |
| | Policy start date | |
| | Policy expiry date | |
| | Policy number / reference | |
| | Conditions / Exceptions that apply to the policy | |
| | Copy of Employer's Liability Insurance certificate and schedule enclosed | Yes / No |

| | | | | | |
|------------|---|----------|------------------------|-----------------------|------------|
| C2 | Financial Details | | | | |
| 2.1 | Accounts | | | | |
| | Please provide details of Annual Turnover and Profit (or Loss) in the last 3 years. | | | | |
| | Account Year ending | Turnover | Gross Profit (or Loss) | Net Surplus (Deficit) | Net Assets |
| | 2010 / 2021 | | | | |
| | 2021 / 2022 | | | | |
| | 2022 / 2023 | | | | |
| | | | | | |

Section D:**Claims & Contract Terminations / Deductions**

| | | |
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| 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 been terminated early giving the name of the client company / authority, the date of termination and the reasons for termination | |
| | Response: | |

Section E:

Health & Safety and Equal Opportunities

| | | |
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| E1 | Health & Safety at Work | |
| 1.1 | Does your organisation have a formal health and safety policy or statement? | Yes / No |
| | Copy of H&S policy / statement enclosed (this will be evaluated) | Yes / No |
| 1.2 | Do you currently hold any external SSIP's or Health and Safety accreditations such as CHAS (Contractors Health and Safety Assessment Scheme), Constructionline, SafeContractor, SMAS, Acclaim, Scaffolding Association, or EU equivalent? | Yes / No |
| 1.3 | If YES to 1.2 please supply the following details as well as a copy of any certificates | |
| | Accrediting Organisation: | |
| | Reference No: | |
| | Date accreditation expires or is to be renewed: | |
| | Copy enclosed | |
| 1.4 | Has your company been served with an enforcement notice or been prosecuted in the past 3 years for breaches of health and safety legislation? | Yes / No |
| 1.5 | If YES to 1.4 please give details of the prosecution or notice (and what measures you have taken to ensure the issue(s) will not re-occur) | |
| | 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: | |

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|-------------------------------|--|----------|----|-----|
| 1.8 | Does your company monitor: | | | |
| | (a) Accidents | Yes / No | | |
| | (b) Ill health caused by work | Yes / No | | |
| | (c) Health & Safety Performance | Yes / No | | |
| 1.9 | Please state how many accidents have been reported to your Enforcing Authority under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) (or EU equivalent) in the last 3 years for employees, sub-contractors (SC) and members of the public (MOP) | | | |
| | | E | SC | MOP |
| | Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021 | | | |
| | Number of accidents reported under RIDDOR from 1 April 2021 to 31 March 2022 | | | |
| | Number of accidents reported under RIDDOR from 1 April 2022 to 31 March 2023 | | | |
| | Total number of accidents reported under RIDDOR in 3 years | | | |
| | Please indicate your Accident Incident Rate (AIR) for the following periods: | | | |
| | AIR = $\frac{\text{Number of Employee Accidents multiplied by 1000}}{\text{Divided by the Number of Employees}}$ | | | |
| | 1 April 2020 to 31 March 2021 | | | |
| | 1 April 2021 to 31 March 2022 | | | |
| 1 April 2022 to 31 March 2023 | | | | |
| 1.10 | Do you use key sub-contractors to undertake work on contracts of this nature? | Yes / No | | |
| 1.11 | If YES to 1.10 please give details of who your key sub-contractors are and what work areas they deliver and how do you ensure they are competent | | | |
| | 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

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| 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 Flat Conversion Contract February 2024 and that Bridgwater Town Council will verify that all the information provided is true and accurate.

| | |
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| 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) | | | | | |