



# Bridgwater Town Council

**Projects Department**

**THFC04 – 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](mailto:procurement@bridgwater-tc.gov.uk)**

**Section A:**

**Name of Applicant**

<b>Name of Applicant</b>	
--------------------------	--

**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

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

<b>B2</b>	<b>Company Background</b>	
<b>2.1</b>	<b>Ownership structure</b> 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
<b>2.2</b>	<b>Full legal name and address of Parent Company if applicable</b>	
	Registered name	
	Registered office	
	Registration number	
<b>2.3</b>	<b>Full legal name and address of (ultimate) Parent Company if applicable</b>	
	Registered name	
	Registered office	
	Registration number	
<b>2.4</b>	<b>Parent Company Guarantee</b>	
	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
<b>B3</b>	<b>Formal Accreditation</b>	
<b>3.1</b>	Please enclosed details of any accreditations and / or Association standards your company holds	
	Attached	Yes / No

**Section C:****Financial & Insurance Information**

<b>C1</b>	<b>Insurance Details</b>	
<b>1.1</b>	<b>Public Liability Insurance</b>	
	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
<b>1.2</b>	<b>Employer's Liability Insurance</b>	
	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

<b>C2</b>	<b>Financial Details</b>				
<b>2.1</b>	<b>Accounts</b>				
	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**

<b>D1</b>	<b>Outstanding Claims / County Court Judgements</b>	
<b>1.1</b>	Do you have any outstanding claims, litigations, or judgements against your organisation?	Yes / No
<b>1.2</b>	If YES please provide further details	
	Response:	
<b>D2</b>	<b>Contract Terminations / Deductions</b>	
<b>2.1</b>	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**

<b>E1</b>	<b>Health &amp; Safety at Work</b>	
<b>1.1</b>	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
<b>1.2</b>	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
<b>1.3</b>	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	Yes / No
<b>1.4</b>	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
<b>1.5</b>	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:	
<b>1.6</b>	Do you routinely carry out Risk Assessments?	Yes / No
<b>1.7</b>	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:	

<b>1.8</b>	Does your company monitor:			
	(a) Accidents			Yes / No
	(b) Ill health caused by work			Yes / No
	(c) Health & Safety Performance			Yes / No
<b>1.9</b>	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				
<b>1.10</b>	Do you use key sub-contractors to undertake work on contracts of this nature?			Yes / No
<b>1.11</b>	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

<b>F1</b>	<b>Carbon Efficiency</b> (max 500 words)
<b>1.1</b>	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**

<b>G1</b>	<b>Contract Experience</b> Max 500 words for each section
<b>1.1</b>	Please provide evidence to support your experience in working with a similar public body to the Town Council
	Response:
<b>1.2</b>	Please provide detail of how you would client any arrangements with the Town Council
	Response:
<b>1.3</b>	Please provide details of how you would address customer service and public engagement
	Response:
<b>1.4</b>	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.

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)					