

**Church Crookham Parish Council**

**Applications for an Outdoor Gym Equipment Contract**

**Peter Driver Playing Fields  
Bourley Road  
Church Crookham  
GU52 8AQ**

**Contractor Questionnaire**

Name and Address of Applicant/Company:

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.....  
.....  
.....

Post Code: .....

Tel No: .....

Email: .....

## Section A

**Name of Employer:** Church Crookham Parish Council

**Address:**

The Parish Clerk  
Church Crookham Parish Council  
Church Crookham Community Centre  
Boyce Road  
Church Crookham, GU52 8AQ

**Tel No:** 01252 626793

**Website:** [www.churchcrookham.org.uk](http://www.churchcrookham.org.uk)

**Contact:** Jayne Hawkins, Parish Clerk

**Tel No:** 01252 939450

**Email:** [Clerk@churchcrookham.org.uk](mailto:Clerk@churchcrookham.org.uk)

**Return Address:** The Parish Clerk  
Church Crookham Parish Council  
Church Crookham Community Centre  
Boyce Road  
Church Crookham, GU52 8AQ

**Return Date/time** This form and required supporting documentation (see below) must be returned not later than 5pm on Friday **17<sup>th</sup> March 2017**.

**Required Documentation:**

- Contractor Questionnaire
- Draft out door Gym design and quotation
- Product Details
- Warranty details for structural parts, paintwork, bearings, plastic parts
- Maintenance requirements and lead time for availability of spare parts
- Testimonials
- Delivery and installation timetable.

**Section B**  
**(to be completed by the applicant)**

**Please note: if there is insufficient space to include all the required information on this questionnaire please continue on a separate sheet and attach it to this questionnaire.**

**General information**

**B1 Business Details:**

Name of Business: .....

Registered Name: .....

Date Business Established in its current form: .....

**B2 Office Location:**

Registered Office address: .....

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Post Code:

Address for Correspondence: .....

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Post Code:

**B3 Person dealing with this application:**

Name:.....

Position: ..... Tel No: .....

Email address: .....

**B4** Details of three out-door gym installations carried out in the last 2 years.

<b>Details</b>	<b>Contract 1</b>	<b>Contract 2</b>	<b>Contract 3</b>
Name and address of client			
Value of contract			
Brief description of contract			
Clients contact for reference telephone number and emails address			

**B5** Company Registration Number and date of registration:

.....  
 .....

**B6** Declaration:

- i) Has any director, partner or person directly concerned in your organisations management been an employee of Church Crookham Parish Council in the last five Years? **Yes/No**

If yes please give details:

.....  
 .....



ii) Please state if any director, partner or person directly concerned with your organisations management has a relative who is an employee of Church Crookham Parish Council or a Councillor on Church Crookham Parish Council?  
**Yes / No**

If yes please give details:

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.....  
.....

**B7 Experience**

Please detail the experience that you and your organisation have that makes you suitable for consideration for this contract.

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**B8 Equality, Diversity and Employment**

(i) Do you have an equality and diversity policy? **YES/NO**

**If 'Yes', please return a copy with this questionnaire.**

**If 'No' are you developing a policy? If you are currently doing so please state the intended implementation date:.....**

(ii) Has your policy been agreed with your Employees representatives?  
**YES/NO**

(iii) Does your organisation communicate this policy to all Employees? **YES/NO**

**If 'Yes', please state how this is achieved:**

.....  
.....  
.....

(iv) Does your organisation regularly review recruitment, promotion, transfer and training practices to identify any possible discriminatory effect or implications they



might have for equal opportunities  
**YES/NO**

(v) Do you employ staff from any ethnic minority groups? **YES/NO**

(vi) In the last 3 years has any findings of unlawful discrimination been made against your firm by any court or industrial tribunal? **YES/NO**

**If 'Yes', please attach details.**

(vii) Do you have a policy for employing local labour?  
**YES/NO**

**If 'Yes', please describe how it is implemented, and enclose a copy.**

(viii) Do you have Investor in People certification? **YES/NO**

**If 'No', are you seeking it?**  
**YES/NO**

**If 'Yes', when do you anticipate obtaining it?** \_\_\_\_\_

**B9 Training, Qualifications and Development**

(i) Do you have a formal training system for all employees?  
**YES/NO**

**If 'Yes', please provide details:**

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(ii) Are regular staff and operative appraisals carried out?

**If 'Yes', please provide details:**

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**B10 Environmental and Waste Management**

Please describe how you would deal with the waste that is created by this contract.

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**B11 Registration Details and Numbers**

Please list your organisations registration with any relevant trade organisations and other similar bodies.

TRADE ORGANISATION OR SIMILAR BODY	DATE OF FIRST REGISTRATION	REGISTRATION NUMBER

**HEALTH AND SAFETY**

**B12 Health and Safety**

(i) Do you undertake safety audits? (In addition to regular site safety checks)

**YES/NO**

**If 'Yes', please provide details:**

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(ii) Are you a member of a safety group or do you use safety consultants? **YES/NO**

**If 'Yes', please provide details:**

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What is the frequency of site safety inspections?

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(iii) Please provide details of any prohibition or enforcement notices served by the Health & Safety Executive (HSE) during the last two years:

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**FINANCIAL INFORMATION**

**B13 Business Turnover**

What was your turnover for 2015/16? .....

What is your anticipated turnover for 2016/17? .....

**B14 Insurers**

Please state the names and addresses of insurers or insurance brokers

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**B15 Liability Insurance**

(i) Employers Liability Insurance and extent of cover:

Insurer: .....

Policy Number:.....

Limit of Indemnity.....

Expiry Date:.....

(ii) Public Liability (Third Party) Insurance and extent of cover:

Insurer:.....

Policy Number:.....

Limit of Indemnity.....

Expiry Date:.....

**Please enclose copies of all insurance documents detailed above with this questionnaire.**

**B16 Other information**

Please give any other information that may be of assistance in considering your application.

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Signed : \_\_\_\_\_

Position : \_\_\_\_\_

For and on behalf of : \_\_\_\_\_ Date : \_\_\_\_\_

Please return the form as indicated in section A.