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Bridgwater Town Council

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| **Application for inclusion on**  **Bridgwater Town Council**  **contractor / supplier list** |

**Please return to:**

**Rob Semple (Communities Director)**

**Bridgwater Town Council**

**Town Hall**

**High Street**

**Bridgwater**

**Somerset**

**TA6 3AS**

**Email:** [**procurement@bridgwater-tc.gov.uk**](mailto:procurement@bridgwater-tc.gov.uk)

**Please note - This document must be completed in its entirety, or your application will not be considered**

**Section A:**

**Applicant Details**

|  |  |  |
| --- | --- | --- |
| **A1** | **Applicant Name and address** | |
| **1.1** | Company name |  |
| Company address |  |
| Company phone number |  |

**Section B:**

Bridgwater Town Council

**Applicant Organisational 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 or with whom we may correspond** | |
| Name |  |
| Firm (if different from applicant) |  |
| Position in firm |  |
| Telephone number |  |
| E-mail address |  |
| Address for correspondence |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Accreditations** | | |
| **3.1** | Please enclosed details of any accreditations and / or Association standards your company holds | | |
| Attached | | Yes / No |

**Section C:**

Bridgwater Town Council

Bridgwater Town Council

**Financial & Insurance Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

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Bridgwater Town Council

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| --- | --- | --- | --- | --- | --- |
| **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 |
| 2021 / 2022 |  |  |  |  |
| 2022 / 2023 |  |  |  |  |
| 2023 / 2024 |  |  |  |  |
|  |  |  |  |  |

**Section D:**

Bridgwater Town Council

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

**Section E:**

Bridgwater Town Council

**Health & Safety and Equal Opportunities**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |
|  |  | | | | | | | |
| Accrediting Organisation: |  | | | | | | |
| Reference No: |  | | | | | | |
| Date accreditation expires or is to be renewed: |  | | | | | | |
|  | | Copy enclosed | | | Yes / No | | |
| **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 Method Statements & 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. Accidents | | | | | Yes / No | | |
| 1. Ill health caused by work | | | | | Yes / No | | |
| 1. 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  1April 2020 to 31 March 2022 | | |  |  | | |  |
| Number of accidents reported under RIDDOR from  1April 2021 to 31 March 2023 | | |  |  | | |  |
| Number of accidents reported under RIDDOR from  1April 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 = Number of Employee Accidents multiplied by 1000  Divided by the Number of Employees | | | | | | | |
| 1April 2020 to 31 March 2022 | | |  | | | | |
| 1April 2021 to 31 March 2023 | | |  | | | | |
| 1April 2022 to 31 March 2024 | | |  | | | | |
| **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: | | | | | | | |

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Bridgwater Town Council

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Bridgwater Town Council

**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** |
| **1.1** | What is your company’s approach to being more carbon efficient and how does this impact on you running your business? |
|  | Response: |

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Bridgwater Town Council

**Section G:**

**Supplier Specific Questions**

|  |  |
| --- | --- |
|  |  |
| **1.1** | Please provide evidence to support your experience in working with similar public bodies to the Town Council |
|  | Response: |
| **1.2** | Please provide detail of how you would manage any contract 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: |

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Bridgwater Town Council

**Section H:**

**Field of Work**

Please tick below the field your specialism fits into or please add your specialism to the list if it is not included.

|  |  |  |  |
| --- | --- | --- | --- |
| Arboriculture |  | Asbestos Removal |  |
| Grounds Maintenance |  | Fuel / Oils |  |
| Supply of Machinery |  | Power |  |
| Hire of Machinery |  | Solar Panels |  |
| Servicing of Machinery |  | Groundworks |  |
| Supply of Vehicles |  | Project Management |  |
| Hire of Vehicles |  | Major refurbishment work to Grade II listed buildings |  |
| Servicing of Equipment |  |
| Electrical Contracting |  | Building Control |  |
| Plumbing & Gas Fitting |  | Listed Building Consent |  |
| Decorating |  | Consultation |  |
| Building |  | M & E Services |  |
| Carpentry & Joinery |  | Major refurbishment work to Grade I listed buildings |  |
| Professional Services |  |
| Marketing & PR |  | Surveying – Grade I listed buildings |  |
| Website / Social Media |  |
| Catering |  | Surveying - Grade II listed buildings |  |
| Street Lighting |  |
| Sport & Play |  | Surveying – Docks / Marine environment |  |
| Insurance |  |
| Stationery Supplies |  | Windows or Doors |  |
| Highway / Footpath Works |  | Listed Building Consent |  |
| Planning / Building Control |  | Glazing |  |
| Clothing Supplies |  | Vehicle Accident Damage Repair |  |
| PPE Supplies |  | Drainage + Jetting |  |
| Printing |  | IT Equipment |  |
| CCTV |  |  |  |
| Radio / Telephony |  |  |  |
| Engineering |  |  |  |
| Scaffolding or Access Equipment |  |  |  |
| Architectural Services |  |  |  |
|  |  | OTHER (please specify below) |  |
|  |  |
|  |  |  |  |
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Bridgwater Town Council

**Section I:**

**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 development of a local framework contractor / supplier list for Bridgwater Town Council and verify that all the information provided is true and accurate.

|  |  |  |
| --- | --- | --- |
| Signed | | Name |
| Designation | | Date |
| Organisation |  | |

**Section J:**

Bridgwater Town Council Bridgwater Town Council

**Contract References**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please provide details of previous contract experience working with a similar public body to the Town Council** | | | | | |
| **Contract Details** | **Contract** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Name of client, authority/company, & contact details** |  |  |  |  |  |
| **Scope of works**  **& Services** |  |  |  |  |  |
| **Contract value (£)** |  |  |  |  |  |
| **Contract length (weeks)** |  |  |  |  |  |

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Bridgwater Town Council

**Application Notes:**

* Please ensure contact details in references on Page 12 are correct.
* Any incomplete applications will not be considered.
* All sections and their associated fields are mandatory and must be completed.
* A minimum of two out of the five referees will be contacted for references prior to confirmation of approval on the list.
* If a field doesn’t apply to you, please do not leave it blank. Enter N/A, not applicable or any other variation.
* If you have selected more than one of the yes / no options in error circle the correct box, we will accept the circled box
* Credit checks may be carried out prior to confirmation of approval.
* If you have any questions in relation to the form please email [procurement@bridgwater-tc.gov.uk](mailto:procurement@bridgwater-tc.gov.uk)
* if you make a mistake, put a line through and correct it to the right - don’t use correction fluid.
* Make sure all the details you supply are correct. If we are unable to contact you due to incorrect information you will not be registered on the list.
* If there isn’t enough space on the application form, complete a [continuation sheet](https://www.gov.uk/government/publications/dbs-continuation-sheet)(s).
* Information provided will be checked against public records i.e. Companies House.
* All information provided will be strictly confidential and saved only for procurement purposes.

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Bridgwater Town Council

**Continuation Sheet**

Please use this sheet to include any additional information or for continuation of any of the application questions.

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