**Church Crookham Parish Council**

**Applications for a Resurface of Peter Driver 5-ASide Pitch**

**Peter Driver Sports Ground**
**Bourley road**
**Church Crookham**
**GU52 8DY**

**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 Clerk
 Church Crookham Parish Council

 Church Crookham Community Centre

 Boyce Road

 Church Crookham, GU52 8AQ

**Tel No:** 01252 939452

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

**Contact:**  **Malcolm Thompson, Facilities Officer**

**Email:** admin@churchcrookham.org.uk

**Return Address:** The Facilities Officer

 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 16th March 2023**.**

**Required Documentation:**

* Contractor Questionnaire
* Quotation
* Product Details
* Warranty details
* Maintenance requirements
* Testimonials/References
* 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 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: …………………………………………………………………………….

 ………………………………………………………………………………

 ……………………………………………………………………………….
 ……………………………………………………………………………….

 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 installations carried out in the last 2 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | **Contract 1** | **Contract 2** | **Contract 3** |
| 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:**

1. Has any director, partner or person directly concerned in your organisation’s management been an employee of Church Crookham Parish Council in the last five Years? **Yes/No**

If yes, please give details: **……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..
………………………………………………………………………………………………………..**

1. Please state if any director, partner or person directly concerned with your organisation’s 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: **……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..
………………………………………………………………………………………………………..**

**B7 Experience**

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

**……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..
………………………………………………………………………………………………………..**

**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:………………….…………**

1. 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**

1. 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.**

1. 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:**

**……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..
………………………………………………………………………………………………………..**

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

**If ‘Yes’, please provide details: ……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..
………………………………………………………………………………………………………..**

**B10 Environmental and Waste Management**

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

**……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..
………………………………………………………………………………………………………..**

**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: ……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..
………………………………………………………………………………………………………..**

1. Are you a member of a safety group or do you use safety consultants? **YES/NO**

**If ‘Yes’, please provide details:**

**……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..
………………………………………………………………………………………………………..**

What is the frequency of site safety inspections?

**……………………………………………………………………………………………………….**

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

**……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………..**

**FINANCIAL INFORMATION**

**B13 Business Turnover**

What was your turnover for 2021/22? ………………………………………...…

What is your anticipated turnover for 2022/23? …………………………………

**B14 Insurers**

 Please state the names and addresses of insurers or insurance brokers.

……………………………………………………………………………………………………….

………………………………………………………………………………………………………..
………………………………………………………………………………………………………..

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**B15 Liability Insurance**

1. Employers Liability Insurance and extent of cover:

Insurer: ………………………………………………………………………

Policy Number:……………………………………………………

Limit of Indemnity……………………………………………………………

Expiry Date:…………………………………………………………..

1. 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.