

The Doctors House, Royal British Legion Village

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**LEYBOURNE PARISH COUNCIL
PROPOSED SINGLE STOREY SIDE & REAR EXTENSIONS
AT
LEYBOURNE VILLAGE HALL**

Required Supplementary Information – Company:

1	Company Details: <ul style="list-style-type: none"> • Name of Company: • Registered Office: • Main Address (if different): • Telephone: • Facsimile: • Email: • Date of formation: • Registration Number where limited: 	<input type="checkbox"/>
2	Contact Details: <ul style="list-style-type: none"> • Name of person dealing with expression of interest: • Address: • Telephone: • Facsimile: • Email: 	<input type="checkbox"/>
3	Group/Parent Companies: <ul style="list-style-type: none"> • Member of a group of companies? • If Yes, Name & address of ultimate holding company • Would the group or ultimate holding company guarantee the contract performance of its subsidiary where it is wholly owned? 	<input type="checkbox"/>
4	Company Profile: <ul style="list-style-type: none"> • Brief Description of Company • Structure • Range of Services • Sectors • List full names and addresses of Directors, or the Partners and Secretary • Lowest – Highest value of works considered 	<input type="checkbox"/>
5	Construction Turnover: <ul style="list-style-type: none"> • Please confirm/provide turnover and profit for last 3 years • Please provide a printout for Constructionline of your present financial limits 	<input type="checkbox"/>
6	Insurance: <ul style="list-style-type: none"> • Please provide certificates for your current insurances 	<input type="checkbox"/>
7	Quality Management System: <ul style="list-style-type: none"> • Please provide your certificate for your accredited system to ISO 9001 • Provide details of your own QMS if not ISO 9001 	<input type="checkbox"/>
8	Environmental Management System: <ul style="list-style-type: none"> • Please provide your certificate for your accredited system to ISO 14001 • Provide details of your own EMS if not IS 14001 	<input type="checkbox"/>

9	Health & Safety: <ul style="list-style-type: none"> • Please provide your certificate for your accredited system to BS OHSAS 18001 • Please provide certificates for CHAS, SAFE Contractor Registration 	<input type="checkbox"/>
10	Pre-Qualification of Contractors: <ul style="list-style-type: none"> • Please provide your certificate for Construction Line • Please provide your certificate for Exor 	<input type="checkbox"/>

Required Supplementary Information – Capability/Experience

1	New Build Experience <ul style="list-style-type: none"> • Please demonstrate your experience of new build construction – ideally providing 3 case studies of similar size, value, construction, sector – no more than 2 sides A4 per case study 	<input type="checkbox"/>
2	Refurbishment <ul style="list-style-type: none"> • Please demonstrate your experience of refurbishment – ideally providing 3 case studies of similar size, value, construction, sector – no more than 2 sides A4 per case study 	<input type="checkbox"/>
3	Occupied Site <ul style="list-style-type: none"> • Please demonstrate your experience of working within occupied sites – no more than 1 side A4 	<input type="checkbox"/>
4	Key Risks/Challenges <ul style="list-style-type: none"> • Please explain/highlight what you consider to be the key risks and challenges on these schemes, based upon information provided – no more than 1 side A4 	<input type="checkbox"/>