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| **APPLICANT DETAILS** |  |  | | |  | | |
| Trading Name of the Organisation submitting this Application Form: |  |  | | |  | | |
|  |  | | |  | | |
| Contact name for enquiries about this bid: |  |  | | |  | | |
| Contact position (Job Title): |  |  | | |  | | |
| Address: |  |  | | |  | | |
|  |  | | |  | | |
| Postcode: |  |  | | |  | | |
| Telephone Number(s): |  |  | | |  | | |
| Fax Number: |  |  | | |  | | |
| E-mail addresses: |  |  | | |  | | |
|  |  | | |  | | |
| Website address: |  |  | | |  | | |
| Registered Name of Organisation submitting this application: |  |  | | |  | | |
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|  |  | | |  | | |
| Registered Address: |  |  | | |  | | |
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|  |  | | |  | | |
| Postcode: |  |  | | |  | | |
| Company Registration No: |  |  | | |  | | |
| Charity/Housing Association/Other Registration No: (if applicable): |  |  | | |  | | |
| Date of Formation and/or Registration: |  |  | | |  | | |
| VAT Registration Number: |  |  | | |  | | |
|  |  |  | | |  | | |
| **STATUS OF APPLICANT** |  |  | | |  | | |
| Is the Applicant: | **Tick below** |  | | |  | | |
| A Public Limited company? |  |  | | |  | | |
| A Limited Company |  |  | | |  | | |
| A Company Limited by Guarantee |  |  | | |  | | |
| A Partnership? |  |  | | |  | | |
| A Sole Trader? |  |  | | |  | | |
| A Charity |  |  | | |  | | |
| A Franchise |  |  | | |  | | |
| A Small/Medium Sized Enterprise or SME? |  |  | | |  | | |
| Other (e.g.: a Special Purpose Vehicle, Joint Venture Company etc) |  |  | | |  | | |
| Please specify |  |  | | |  | | |
|  |  |  | | |  | | |
| Are you applying as the lead organisation in a consortium of organisations? | YES / NO |  | | |  | | |
| If YES, please set out here who the member organisations of the consortium are, what their respective roles will be and state when the consortium was formed: |  |  | | |  | | |
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| **OWNERSHIP** |  |  | | |  | | |
| Is the Applicant a subsidiary of another company as defined by Section 736 of the Companies Act 1985? | YES / NO |  | | |  | | |
|  |  |  | | |  | | |
| **If YES, give the following details in respect of the Holding/Parent company:** |  |  | | |  | | |
| Registered Name: |  |  | | |  | | |
| Registered Office address: |  |  | | |  | | |
| Registration Number: |  |  | | |  | | |
|  |  |  | | |  | | |
| Please give details of any changes of ownership in the last 3 years |  |  | | |  | | |
| To the best of your knowledge, does any director or senior officer of your organisation have any personal or financial connection with any member or senior officer of (authority)? | YES / NO |  | | |  | | |
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| **If YES, please give details here:** |  |  | | |  | | |
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| **Number of Employees in total:** | Management | | | Staff | | |  | |
| Currently: |  | | |  | | |  | |
| Last year |  | | |  | | |  | |
| 2 years ago |  | | |  | | |  | |
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| **FINANCIAL AND INSURANCE MATTERS** |  |  | | |  | | |
| **Please complete the table below using figures from your last three years financial accounts** |  |  | | |  | | |
| Financial Year | Period Ended | Period Ended | | | Period Ended | | |
| *(please enter the appropriate years/dates for your organisation)* | *DD/MM/YY* | *DD/MM/YY* | | | *DD/MM/YY* | | |
| Turnover | £ | £ | | | £ | | |
| Pre-Tax profit / loss | £ | £ | | | £ | | |
| Total Assets less | £ | £ | | | £ | | |
| Current Liabilities | £ | £ | | | £ | | |
| Net worth / shareholders funders (or net liabilities) | £ | £ | | | £ | | |
| Debtors | £ | £ | | | £ | | |
| Cash | £ | £ | | | £ | | |
|  |  |  | | |  | | |
| Are your accounts externally audited? | YES / NO |  | | |  | | |
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| **If NO, please state the reason why.** |  |  | | |  | | |
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| What is your total turnover figure this financial year to date? | £ |  | | |  | | |
| *(please enter the appropriate years/dates for your organisation)* | *at DD/MM/YY* |  | | |  | | |
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| **If asked, would you be able to provide at least ONE of the following:** |  |  | | |  | | |
| A copy of your most recently audited accounts (for the last three years, if this applies)? | YES / NO |  | | |  | | |
| A statement of your turnover, profit & loss account and cashflow for the most recently year of trading? | YES / NO |  | | |  | | |
| A statement of your cashflow forecast for the current year and a bank letter outlining the current cash and credit position? | YES / NO |  | | |  | | |
|  |  |  | | |  | | |
| Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year? | YES / NO |  | | |  | | |
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| **If NO, what were the reasons and what has been done to put things right?** |  |  | | |  | | |
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| Has your organisation met all its obligations to pay its creditors and staff during the past year? | YES / NO |  | | |  | | |
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| **If NO please explain why not** |  |  | | |  | | |
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| **Please provide details of all insurance cover currently in force:** |  |  | | |  | | |
| PUBLIC LIABILITY INSURANCE |  |  | | |  | | |
| Level of Cover held | £ |  | | |  | | |
| Name of Insurance Company |  |  | | |  | | |
| Expiry Date |  |  | | |  | | |
|  |  |  | | |  | | |
| **EMPLOYERS LIABILITY INSURANCE** |  |  | | |  | | |
| Level of Cover held | £ |  | | |  | | |
| Name of Insurance Company |  |  | | |  | | |
| Expiry Date |  |  | | |  | | |
|  |  |  | | |  | | |
| **PROFESSIONAL INDEMNITY INSURANCE** |  |  | | |  | | |
| Level of Cover held | £ |  | | |  | | |
| Name of Insurance Company |  |  | | |  | | |
| Expiry Date |  |  | | |  | | |
|  |  |  | | |  | | |
| **PRODUCT LIABILITY INSURANCE** |  |  | | |  | | |
| Level of Cover held | £ |  | | |  | | |
| Name of Insurance Company |  |  | | |  | | |
| Expiry Date |  |  | | |  | | |
| If your organisation’s tender is successful, adequate insurance cover will be required. | YES / NO |  | | |  | | |
|  |  |  | | |  | | |
| Please state whether there are any outstanding insurance claims against your organisation(s) (other than for routine matters) | YES / NO |  | | |  | | |
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| **If YES , please provide brief details:** |  |  | | |  | | |
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| **BUSINESS ACTIVITIES** |  |  | | |  | | |
| Please describe briefly your organisation’s principle fields of activity. What proportion of total activity relates to products and/or services similar to those called for in this contract? |  |  | | |  | | |
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| Please provide evidence of how your organisation ensures that sufficient suitably qualified and experienced technical staff can cover the relevant areas of expertise. If you do not possess the required staff currently, how will you ensure the appropriate staff are recruited? |  |  | | |  | | |
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| Typically, when providing products and/or services and/or services of the type called for under this contract, would you engage sub-contractors? | YES / NO |  | | |  | | |
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| **If YES,** |  |  | | |  | | |
| ·which elements of the service would typically be delivered by sub-contractors? |  |  | | |  | | |
| ·Please detail here any sub-contractors you intend to use |  |  | | |  | | |
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| **EXPERIENCE & REFERENCES** |  |  | | |  | | |
| Please provide at least 3 examples with evidence your experience in the last THREE years of providing contracted products and/or services, services or works similar to those being sought under this contract. Experience will be scored for relevence: compable size, technology, setting, etc. In describing your experience tell us how delivery was achieved on time and to cost and/or problems overcome? | | | | | | | |
|  |  |  | | |  | | |
| **REFEREE 1** |  |  | | |  | | |
| Customer Organisation Name |  |  | | |  | | |
| Customer Contact Name: |  |  | | |  | | |
| Customer Contract Phone No: |  |  | | |  | | |
| Customer Contact Fax No: |  |  | | |  | | |
| Customer Contact Email address: |  |  | | |  | | |
| Customer Contact postal address: |  |  | | |  | | |
|  |  | | |  | | |
| Date Contract Awarded: |  |  | | |  | | |
|  |  |  | | |  | | |
| Contract reference | £ | | Date contract was completed | | |  | |
| Value |  | |  | | |  | |
|  |  |  | | |  | | |
| **REFEREE 2** |  |  | | |  | | |
| Customer Organisation Name |  |  | | |  | | |
| Customer Contact Name: |  |  | | |  | | |
| Customer Contract Phone No: |  |  | | |  | | |
| Customer Contact Fax No: |  |  | | |  | | |
| Customer Contact Email address: |  |  | | |  | | |
| Customer Contact postal address: |  |  | | |  | | |
|  |  | | |  | | |
| Date Contract Awarded: |  |  | | |  | | |
|  |  |  | | |  | | |
| Contract reference | £ | | | Date contract was completed | |  | |
| Value |  | | |  | |  | |
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| **REFEREE 3** |  |  | | |  | | |
| Customer Organisation Name |  |  | | |  | | |
| Customer Contact Name: |  |  | | |  | | |
| Customer Contract Phone No: |  |  | | |  | | |
| Customer Contact Fax No: |  |  | | |  | | |
| Customer Contact Email address: |  |  | | |  | | |
| Customer Contact postal address: |  |  | | |  | | |
|  |  | | |  | | |
| Date Contract Awarded: |  |  | | |  | | |
|  |  |  | | |  | | |
| Contract reference | £ | | | Date contract was completed | |  | |
| Value |  | | |  | |  | |
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| **Has your organisation within the last 5 years:** |  |  | | |  | | |
| a) Incurred contract penalties default notices or payment of liquidated damages? | YES / NO |  | | |  | | |
| b) Withdrawn from a contract after the contract has been awarded (either before or after commencement of the contract) | YES / NO |  | | |  | | |
| c) Had a contract terminated by the client earlier than the originally intended date? | YES / NO |  | | |  | | |
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| **If YES, please give details:** |  |  | | |  | | |
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| **QUALITY PROCEDURES & CONTRACT MANAGEMENT** |  |  | | |  | | |
| Does your organisation have a formal documented quality system? | YES / NO |  | | |  | | |
| Does your organisation hold a recognised quality management certificate, eg: BS/EN/ISO9000 or equivalent. | YES / NO |  | | |  | | |
| Is your organisation corporately a member of, or accredited by, a recognised industry association(s)? | YES / NO |  | | |  | | |
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| **DISPUTES** |  |  | | |  | | |
| For the last 3 years, details of contracts where there has been a failure to complete the contract on time or at all, or where there have been claims for damages, or where damages have been deducted or recovered | | | | |  | | |
| Are there any court actions and/or significant employment tribunal hearings outstanding against your organisation? | YES / NO |  | | |  | | |
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| **If YES, provide details:** |  |  | | |  | | |
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| **ENVIRONMENTAL MANAGEMENT** |  |  | | |  | | |
| Is it your policy to comply with the statutory duty of care in respect of waste management, imposed by the Environmental Act 1990 and any subsequent legislation? | YES / NO |  | | |  | | |
| Does your organisation have a written environmental management policy? | YES / NO |  | | |  | | |
| Does your organisation have an environmental management system? | YES / NO |  | | |  | | |
|  |  |  | | |  | | |
| **HEALTH AND SAFETY** |  |  | | |  | | |
| Do you currently hold any external health and safety accreditations, such as CHAS, Constructionline, or equivalent? | YES / NO |  | | |  | | |
| Have you applied for membership if you are not already a member? | YES / NO |  | | |  | | |
| Please provide a copy of your accreditation certificate with your Application Form | YES / NO |  | | |  | | |
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| **If NO, please explain why not** |  |  | | |  | | |
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| Does your organisation have a Health & Safety at Work system? | YES / NO |  | | |  | | |
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| **If NO, please explain why not** |  |  | | |  | | |
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| Please detail any Health & Safety Executive/Local Authority enforcing Action (e.g.. Prosecution or issue of Improvement or Prohibition Notices) taken against your organisation in the past 3 years? | YES / NO |  | | |  | | |
|  |  |  | | |  | | |
| **If YES, what action has been taken with in the organisation to remedy enforcing Action(s) and prevent similar occurrence in the future?** |  |  | | |  | | |
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| **Who is your “Competent Person” for provision of health and safety advice, as required by the Management of Health and Safety at Work Regulations 1992? If external consultants, please provide the name and address of the organisation and the name of the consultant):** | | | | | | | |
| Name |  |  | | |  | | |
| Position |  |  | | |  | | |
| Telephone No: |  |  | | |  | | |
| Email address: |  |  | | |  | | |
| To whom does the “Competent Person report to in your organisation? |  |  | | |  | | |
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| **EQUAL OPPORTUNITIES** |  |  | | |  | | |
| Is it your policy as an employer to comply with your statutory obligations to staff and applicants for employment under the equality and non-discrimination laws (Equality Act 2010)?: | YES / NO |  | | |  | | |
| In the last three years has any finding of unlawful discrimination or other breach of these laws been made against your organisation by any court or industrial tribunal?: | YES / NO |  | | |  | | |
| In the last three years has your organisation been the subject of formal investigation by the Commission for Racial Equality, The Equal Opportunities Commission or the Disability Rights Commission on grounds of alleged unlawful discrimination? | YES / NO |  | | |  | | |
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| **If you answered yes, what steps did you take to address that finding?** |  |  | | |  | | |
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| **Is your policy on equal opportunities at work set out:** |  |  | | |  | | |
| (a) In instructions to those concerned with recruitment, training, and promotion? | YES / NO |  | | |  | | |
| (b) In documents available to employees, recognised trade unions or other representative group of employees? | YES / NO |  | | |  | | |
| (c) In recruitment advertisements or other literature? | YES / NO |  | | |  | | |
| What staff grades are required to receive training on equal opportunities? | YES / NO |  | | |  | | |
| (a) Directors and Managerial? | YES / NO |  | | |  | | |
| (b) Supervisors? | YES / NO |  | | |  | | |
| (c) Operational/administrative? | YES / NO |  | | |  | | |
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| **COMPLIANCE WITH CONTRACT REGULATIONS** |  |  | | |  | | |
| Has your organisation or any of it’s directors or any other person who has powers of representation, decision or control of the organisation been convicted of any of the following offences: | |  | | |  | | |
| Conspiracy within the meaning of Section 1 of the Criminal Law Act 1977 (where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of the Council Joint Action 98/733.JHA. | YES / NO |  | | |  | | |
| Corruption within the meaning of Section 1 of the Public Bodies Corrupt Practices Act 1889, Section 1 of the Prevention of Corruption Act 1906; corruption as defined in Article 3 of the Council Act of 26 May 1997 and Article 3(1) of Council Joint Action 98.742/JHA. | YES / NO |  | | |  | | |
|  |  |  | | |  | | |
| **The offences UNDER THE Bribery Act 2010** |  |  | | |  | | |
| Fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of: | | | | | | | |
| (i) The offence of cheating the Revenue | YES / NO |  | | |  | | |
| (ii) The offence of conspiracy to defraud | YES / NO |  | | |  | | |
| (iii) Fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978 | YES / NO |  | | |  | | |
| (iv) Fraudulent trading within the meaning of Section 458 of the Companies Act 1985 | YES / NO |  | | |  | | |
| (v) Defrauding HM Revenue & Customs within the meaning of the Customs & Excise Management Act 1979 and the Value Added Tax Act 1994 | YES / NO |  | | |  | | |
| (vi) An offence in connection with taxation in the European community within the meaning of section 71 of the Criminal Justice Act 1968 | YES / NO |  | | |  | | |
| (vii) Destroying defacing or concealing of documents or procuring the extension of a valuable security within the meaning of Section 20 of the Theft Act 1968 | YES / NO |  | | |  | | |
|  |  |  | | |  | | |
| **Money laundering within the meaning of the Money Laundering Regulations 2003 and as defined in Article 1 of Council Directive 91.308.EEC of 10 June 1991 on prevention of the use of the financial system for the purpose of money laundering** | | | | | | | |
| Any other office within the meaning of Article 45(1) of the Public Sector Directive | YES / NO |  | | |  | | |
|  |  |  | | |  | | |
| **In accordance with the Regulations (Appendix A) do any of the following apply to your organisation or to (any of) the Director(s)/Partners/Proprietor(s)?** |  |  | | |  | | |
| Is in a state of bankruptcy (if an individual) insolvency, compulsory winding up (other than for the purpose of bona fide reconstruction or amalgamation), administration, receivership, composition with creditors or an analogous state, or subject to relevant proceedings, or any similar procedure under national laws and regulations | YES / NO |  | | |  | | |
| Has been convicted of a criminal offence related to business or professional conduct | YES / NO |  | | |  | | |
| Has been guilty of grave misconduct in the course of business (or if an individual, in the course of his profession) | YES / NO |  | | |  | | |
| Has not fulfilled obligations relating to payment of social security contributions, in accordance with the legal provisions of the country in which you are established or with those of the country of the contracting authority | YES / NO |  | | |  | | |
| Has not fulfilled obligations relating to payment of taxes, in accordance with the legal provisions of the country in which you are established or with those of the country of the contracting authority | YES / NO |  | | |  | | |
| Is guilty of serious misrepresentations in supplying information required by the Authority under the regulations | YES / NO |  | | |  | | |
| Is not in possession of relevant licences or not a member of the appropriate organisation where required by law | YES / NO |  | | |  | | |
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| **DECLARATION** |  |  | | |  | | |
| Please read and sign the section below |  |  | | |  | | |
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| tO Rackheath Community Council: |  |  | | |  | | |
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| I / We certify that the information supplied is accurate to the best of my / our knowledge and I / we accept the conditions and undertakings requested in the questionnaire. I / We understand that false information could result in my / our exclusion from further participation in this and future tender processes. | | | | | | | |
|  |  |  | | |  | | |
| I / We understand that my / our responses to the questions posed in this document, including any explicit or reasonably implied undertakings, will form part of any contract subsequently entered into between myself / ourselves and Rackheath Community Council. | | | | | | | |
|  |  |  | | |  | | |
| Signed |  |  | | |  | | |
| Date: |  |  | | |  | | |
| Name of signatory |  |  | | |  | | |
| (please print) |  |  | | |  | | |
| Position |  |  | | |  | | |
| Name of Organisation |  |  | | |  | | |
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| The undertaking should be signed by a director, partner or other senior authorised representative in her / his own name and on behalf of the organisation. |  |  | | |  | | |
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| Freedom of Information Act 2000/ Environmental Information Regulations 2004 |  |  | | |  | | |
| Information in relation to this application may be made available on demand in accordance with the requirements of the above act/ Regulations. Applicants should state if any of the information supplied by them is confidential or commercially sensitive and why they consider it to be so on a separate sheet. | | | | | | | |
|  |  |  | | |  | | |
| This will not guarantee that the information will not be disclosed but will be examined in the light of the exemptions and exceptions provided under the legislation. It is important to note that information may be commercially sensitive for a time (e.g. during a tender process) but afterwards it may not be. The timing of any request for information may be extremely important in determining whether or not information is exempt. However Applicants should note that no information is likely to be regarded as exempt forever. | | | | | | | |
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