

Parish Clerk/RFO: Rebecca Turner, The Old Police House, Nesscliffe, SY4 1DB Telephone: 01743 741611, email:greathanwoodpc@gmail.com
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Tenderer Questionnaire

INSTALLATION OF NEW PLAY EQUIPMENT AT CARADOC VIEW PLAY AREA, HANWOOD

A hard copy must be returned as part of the tender offer to:

Great Hanwood Parish Council
The Old Police House
Nesscliffe
Shrewsbury
SY4 1DB

Email: greathanwoodpc@gmail.com

Section A:

This document must be completed in its entirety.

Section B:

Applicant Organisation 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 with whom we may correspond		
	Name		
	Firm		
	Position in firm		
	Telephone number		
	E-mail address		
	Address for correspondence		

1.4	Consortium		
	Is the Potential Provider an in	acorporated consortium or joint venture?	Yes/No
	If you answer Yes please pro-	vide details of partnership agreements you intend	to work with.
			Г
		Details enclosed?	Yes/No
B2	Company Background		
2.1 Ownership structure Please provide a one-page chart illustrating the ownership structure of the Poter including relations to any parent or other group or holding companies.			ntial Provider
		Attached?	Yes/No
	Full legal name and address	s of Parent Company if applicable:	
	Registered name		
	Registered office		
	Registration number		
2.3 Full legal name and address of (ultimate) Parent Company if applicables		s of (ultimate) Parent Company if applicable:	
	Registered name		
	Registered office		
	Registration number		
2.4	Parent Company Guarante	e	
		ary, please confirm that Group or the Ultimate be prepared to guarantee the firm's contract	Yes/No

Section C: 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			
	Insurance Company			
	Date policy taken out			
	Expiry date of the policy			
	Policy number/reference			
	Conditions/Exceptions that apply to the policy			
	Copy of Public Liability Insur	rance certificate enclosed	Yes/No	
1.2	Employer's Liability Insurance			
	Please confirm that you hold a Liability Insurance on a per o	a minimum of £10,000,000 Employer's ccurrence/event basis.	Yes/No	
	Name of Insurance Company			
	Date policy taken out			
	Expiry date of the policy			
	Policy number/reference			
	Conditions/Exceptions that apply to the policy			
	Copy of Employer's Liability	Insurance certificate and schedule enclosed	Yes/No	

C2.	Financial Detai	ils			
2.1	Accounts				
	Please provide details of Annual Turnover and Profit or (Loss) in the last 3 years. Also provide copies of your last 3 years audited accounts. If audited accounts are not available please provide copies of your management accounts (If exact figures are not available please provide your best estimate of the figures required) Please provide copies of the accounts enclosed				
	Accounting Year ending	Turnover	Gross Profit (Loss)	Net Surplus (Deficit)	Net Assets

$\frac{Section\ D}{Claims\ \&\ Contract\ Terminations/Deductions}$

Outstanding Claims / County Court Judgements	
Do you have any outstanding claims, litigations or judgements against your organisation?	Yes/No
If YES please provide further details.	
Response:	
	Tyes please provide further details.

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:

$\underline{Section\;E}\text{:}$ Health & Safety and Equal Opportunities

E1	Health & Safety at Work		
1.1	Please provide a copy of your API (As	ssociation of Play Industries) certification	Yes/No
	Certification Number:		
1.2	Does your organisation have a formal health and safety policy or statement?		
	Please enclose a copy (this will be eva	luated)	Yes/No
1.3	Do you currently hold any of the following, 1. external health and safety accreditations, such as CHAS (Contractors Health and Safety Assessment Scheme), or EU equivalent Yes/No		
1.4	If YES to 1.3 please supply the follow	ing details as well as a copy of any certificate	es.
	Accrediting Organisation:		
	Reference No:		
	Date accreditation expires or is to be renewed:		
	Please enclose a copy	Copy enclosed	Yes/No
1.5	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
1.6	If YES to 1.5 please give details of the prosecution or notice (and what measures you have taken to ensure the issue(s) will not re-occur).		
	Response:		
1.7	Do you routinely carry out Risk Assessments? Yes/No		Yes/No
1.8	If YES to 1.7 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:		

1.9	Does your company monitor:			
	(a) Accidents			Yes/No
	(b) Ill health caused by work			Yes/No
	(c) Health & Safety Performance			Yes/No
Please state how many accidents have been reported to your Enforcing Authority to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regular equivalent) in the last 3 years for employees, sub-contractors (SC) and members of (MoP).			Regulat	ions) (or EU
		Е	SC	MoP
	Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019			
	Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020			
	Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021			
	Total number of accidents reported under RIDDOR in 3 years			
	Please indicate your Accident Incident Rate (AIR) for the following	ng periods	:	
	AIR = Number of Employee Accidents multiplied by 1000 Divided by the Number of Employees			
	1 April 2017 to 31 March 2019			
	1 April 2017 to 31 March 2020			
	1 April 2018 to 31 March 2022			
1.11	Do you use key sub contractors to undertake work on contracts of	this natur	e?	Yes/No
1.12	If YES to 1.11 please give details of who your key sub contractor they deliver and how do you ensure they are competent.	s are and v	what woi	rk areas
	Response:			

Section F Contract Specific Questions

F1	Contract Experience Max 500 words for each of sections G1.1, G1.2 & G1.3
1.1	Requirement: Play Area Installation.
	Please provide an overview of your business' approach to providing a high standard play area for this site including:
	 Understanding and appreciation of the local area Ability to meet the expectations of both the client and the public at large
	Response:
1.2	Requirement: Core business comprises contracts directly similar to the Authority's
	requirements
	Please provide details of up to 5 Reference Contracts, set out in the form of Table 1 at Appendix A.

F2	Contract Experience Max 1000 words for this section		
2.1	Requirement: Experience and proven capacity to deliver this type of contract and mobilise efficiently & effectively		
	Please provide a Case study of a relevant contract (one of the Reference Contracts) which includes demonstration of the following: O Approach		

F2	Contract Experience Max 1000 words for this section
	 Mobilisation timeline Key processes Organisation & management of the mobilisation team Resources deployed, including Head office specialists and the incoming contract management team The outcome of the mobilisation process and the benefits delivered for the client Lessons learnt
	Response:
2.2	Please provide details of how you intend to address any concerns from residents regarding the project on the residents in the nearby area.
	Response:

F2	Contract Experience Max 1000 words for this section
2.3	Please provide timescale details for the delivery of this project
	Response:
2.4	After sales
	Please provide details of your after sales service including the level of guarantees/warranties on labour and equipment
	Response:

F2	Contract Experience Max 1000 words for this section			

E2	Mono com and Swetcome						
F3	Management Systems Max 1000 words for this section						
2.1							
3.1	Requirement:						
	Please describe your organisation's typical arrangements for effective management of Health & Safety in construction contracts including: O Management leadership and commitment O Hazard identification, assessment and control						
	 Hazard identification, assessment and control Site inspection 						
	Worker competency and training.						
	Worker engagement and involvement.Incident reporting and Investigation						
	Setting performance targets and monitoring performance						
3.2	Response: Requirement: Routine Health & Safety						
3.2	2						
	Please provide examples of the following						
	Method Statement for the construction of a similar project						
	General Risk Assessments H. H. H. G. G. C. R. F. G. C. L. G. G. C. R. F. G. C. L. G. G. C. R. F. G. C. L. G. G. C. R. F. G. G. C. R. G.						
	Health and Safety Policy (where it applies) Output Description:						
	Certificate of Public Liability insurance						
	Project specific documents will be required in due course.						

F4	Public Reputation & Added Value					
	Max 1000 words for this section					
4.1	Requirement: Understanding of the importance of representing the Council to the public					
	Please provide examples of					
	 Steps the Applicant has taken to uphold the good reputation of the client and previous/existing clients in the eyes of the public How personnel are trained in customer contact Branding: avoiding issues being laid at the Client's door Localism: providing services that are responsive to community needs How complaints are dealt with How specific public interaction problems that have arisen have been dealt with 					
	Response:					
4.2	Requirement: Approach to Working in a public area.					
	Please provide details on your organisation's approach to working in public open spaces.					
	Response:					

Documents included checklist

Required Document	Tick
Completed Questionnaire	
Method Statements	
Risk Assessments	
Health and Safety policy	
Certificate of Public Liability Insurance	
References	
Quotation Form	

Declaration

I understand that the responses I have given are to be used as a basis for selection of organisations in this tender process and verify that all the information provided is true and accurate.

Signed	Name
Designation	Date
Organisation	
Address	
Tel no	email
Fax no	Website

Appendix A

TABLE 1 REFERENCE CONTRACTS

Contract Details	Contract				
	1	2	3	4	5
Name of client authority/company and contact details					
Scope of works and services					
Contract value (£)					
Contract length (weeks)					