Notes for Suppliers

The purpose of this Questionnaire is to assist Walsall College (the purchasing organisation) in deciding suitable suppliers to invite to tender for Sub-contractor delivery.

In order to simplify this process, please submit all the supporting documents, for example, accounts, certificates, statements or policies with this questionnaire.

You may also be asked to clarify your answers or provide more details.

Please ensure that all questions are answered. If the question does not apply to you please write N/A; if you don’t know the answer please write Not Known. Failure to answer any questions may result in your submission being disqualified.

“Authority” means the purchasing organisation that is seeking to award a contract.

Please return this form to:

Gurpreet Sandhu

Walsall College

Wisemore Campus

Littleton Street West

Walsall

WS2 8ES

If you have any queries about this form please contact:

Gurpreet Sandhu

Tel: 01922 657014

Email: gsandhu@walsallcollege.ac.uk

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| **1** | BASIC DETAILS OF YOUR ORGANISATION |
| 1.1 | Name of the organisation in whose name the tender would be submitted: |   |
| 1.2 | Date organisation was established: |   |
| 1.3 | Contact name for enquiries about this bid: |   |
| 1.4 | Contact position (Job Title): |   |
| 1.5 | Address:Post Code: |   |
|  |
| 1.6 | Telephone number: |   |
| 1.7 | Fax number: |   |
| 1.8 | Email address: |   |
| 1.9 | Website address (if any): |   |
| 1.10 | Company Registration number (if this applies): |   |
| 1.11 | Charities or Housing Association or other Registration number (if this applies). Please specify registering body: |   |
| 1.12 | Date of Registration: |   |
| 1.13 | Registered address if different from above:Post Code: |   |
|   |
| 1.14 | VAT Registration number: |   |
| 1.15 | Is your organisation: (Please tick **one**) | i)a public limited company? |   |
| ii)a limited company? |   |
| iii) a partnership? |   |
| iv) a sole trader? |   |
| v) other (please specify) |   |
| 1.16 | Name of (ultimate) parent company (if thisapplies): |   |
| 1.17 | Companies House Registration number ofParent company (if this applies): |   |
| 1.18 | Has your organisation any former trading names?If yes please name |  Yes/No |
| 1.19 | **Construction and related businesses only:**Are you registered with Construction Line?If “**Yes**”, what is your registration number? |  Yes/No |
| 1.20 | **Construction and related businesses only:**Is your organisation currently a ConstructionSkills registered OSAT/EWPA provider? | Yes/ No |
| 1.21 | **Please provide the names of the organisations directors and senior managers together with details of their previous appointments, particularly appointments with organisations who hold or have held ESFA funding agreements.****Please illustrate diagrammatically the full structure of your organisation.** |
| 1.22 | **Please provide a written statement of no more than 400 words illustrating your local/regional knowledge, support, references, and stakeholders** |

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| **2** | FINANCIAL INFORMATION |
| 2.1 | What was your turnover in the lasttwo years (if this applies)? | £...................... for yearended--/------ | £...................... for yearended--/------ |
| 2.2 | Has your organisation met the terms of its bankingfacilities and loan agreements (if any) during the pastyear? |  Yes/No  |
| 2.3 | If “**No**” what were the reasons, and what has been done to put things right?  |
| 2.4 | Has your organisation met all its obligations to pay its creditors and staff during the last year? |  Yes/No  |
| 2.5 | If “No” please explain why not:  |
| 2.6 | Has your organisation any County Court Judgements against it? |  Yes/No |
| 2.7 | **What is the name and branch of your bankers (who could provide a reference)?**  | Name: |
| Branch: |
| Contact details: |
| 2.8 | If asked, would you be able to provide at least one of the following? |
|  | A statement of your turnover, profit & loss account and cash flow for the most recent year of trading |  Yes/No |
| A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position |  Yes/No |
| 2.9 | **Please provide a copy of your most recent audited accounts, for the last two years if this applies.** |

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| **3** | BUSINESS ACTIVITIES |
| 3.1 | What are the main business activities of your organisation? |
| 3.2 | How many staff does your organisation have?(If you are a sole trader, please say so) |   |
| 3.3 | Please tick which funding stream do you propose to be delivering on: |
| Apprenticeships | ESF | AEB | Other funding |
|   |   |   |   |
| 3.4 | What qualifications do you propose to deliver?  | Framework/ Qualification Code  |
| 3.5 | How does this activity fit within your organisational strategic/annual business plan (please provide a copy of both where they exist)?  |
| 3.6 | Is your organisational registered on The Register of Approved Training Providers (RoATP)?Please provide the date of registration and approval |  Yes/No  |
| 3.7 | Is your organisation registered as a Main Provider or Subcontractor? |
| registered as a Main Provider | registered as a Subcontractor |
|   |   |
| 3.8 | Is your organisational registered on The Register of Training Organisations (ROTO)?Please provide the date of registration and approval |  Yes/No  |
| 3.9 | **Please disclose all contracts your organisation holds or held with the ESFA, and in the case of terminated agreements, the reasons for the termination.** |
| 3.10 | **Has your organisation been subject to claw back of funding by funding bodies such as the ESFA (including via other college’s or other intermediaries)?****If so, please provide further details including the value and date of the claw back.** |

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| **4** | REFERENCES |
|  | Please provide details of three recent contracts that are relevant to the Authority’s requirement. Where possible at least one should be from the public sector and one must be within a 10 mile radious of the College. If you cannot provide three references, please explain why. |
|  |  | Reference 1 | Reference 2 | Reference 3 |
| 4.1 | Customer Organisation (name): |   |   |   |
| 4.2 | Customer contact name, address and phone number: |   |   |   |
| 4.3 | Date contract awarded: |   |   |   |
| 4.4 | Contract reference andbrief description: |   |   |   |
| 4.5 | Value: |   |   |   |
| 4.6 | Date contractwas completed:  |   |   |   |
| 4.7 | Have you had any contracts terminate for poorPerformance in the last three years, or any contracts wheredamages have been claimed by the contracting authority?  |  Yes/No  |
| 4 .8 | If “**Yes**”, please give details: |

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| **5** | INSURANCE |
|  | Please provide details of your current insurance cover | Value |
| 5.1 | Employer’s Liability: | £ |
| 5.2 | Public Liability: | £ |
| 5.3 | Professional Indemnity; | £ |
| 5.4 | Other (please provide details): | £ |
| 5.5 | **Please provide a copy of your insurance certificates** |

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| **6** | QUALITY ASSURANCE AND REQUIREMENT SPECIFIC INFORMATION |
| 6.1 | Does your organisation hold a recognised qualityManagement certification for example BS/EN/ISO 9000Or equivalent? |  Yes/No |
| 6.2 | If not, does your organisation have a quality managementSystem\*? |  Yes/No |
| 6.3 | If you do not have qualitycertification or a qualitymanagement system, please explain why and what you have in place?: |   |
| 6.4 | Please describe your quality assurance systems and how these are monitored both internally and externally: |   |
| 6.5 | Does your organisation have a Data Protection policy? |  Yes/No |
| 6.6 | Have you completed the Data Protection Questionnaire? |  Yes/No  |
| 6.7 | Your organisations Information Commissioner’s Office Registration Number:  |   |
| 6.8 | Your organisations latest self assessment grade: |   |
| 6.9 | Your organisations latest Ofsted inspection grade: |   | Date of inspection: |  DD/MM/YYYY  |
| 6.10 | Your organisations success rates on the proposed programme: |   |
| 6.11 | Is organisation listed on the Register of Training Organisations? |  Yes/No  |
| 6.12 | Your organisations UKPRN Number: |   |
| 6.13 | **Please provide copy of the latest EV report for the proposed programme.** |
| 6.14 | **Please provide copies of your organisations staff CV’s.** |
| 6.15 | **Please provide a copy of your organisations recognised quality****Management certification.** |
| 6.16 | **Please provide a copy of your organisations Data Protection Policy.** |
| 6.17 | **Please provide a copy the completed Data Protection Questionnaire.** |
| 6.18 | **Please provide statistics from the last two years learners results achieved by the organisation.** |

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| **7** | HEALTH & SAFETY |
| 7.1 | Does your organisation have a written health and safetyat work policy? (see notes at end of questionnaire)  |  Yes/No |
| 7.2 | Does your organisation have a health and safety at work system\*? |  Yes/No |
| 7.3 | If “No”, to either of the aboveplease explain why:  |
| 7.4 | **Please provide a copy of your organisations health and safety****at work policy.** |

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| **8** | EQUAL OPPORTUNITIES |
| 8.1 | Does your organisation have a written equalopportunities policy, to avoid discrimination?  |  Yes/No |
| 8.2 | Do you offer equality and diversity training to your staff? |  Yes/No |
| 8.3 | **Please provide a copy of your organisations equal****opportunities policy.** |

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| **9** | SAFEGUARDING POLICY |
| 9.1 | Does your organisation have a written safeguarding policy and a named person with responsibility? |  Yes/No |
| 9.2 | Does your organisation DBS check all staff? |  Yes/No |
| 9.3 | **Please provide a copy of your organisations Safeguarding policy.** |
| 9.4 | **Please provide the DBS certificate numbers for your staff.** |
| 9.5 | **Please provide a copy of your organisations written DBS policy.** |

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| **10** | MODERN SLAVERY |
| 10.1 | Does your organisation have a written Modern Slavery Policy?  |  Yes/No |
| 10.2 | **Please provide a copy of your organisations Modern Slavery policy.** |

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| **11** | ENVIRONMENTAL MANAGEMENT |
| 11.1 | Does your organisation have a written environmental management system\*?  |  Yes/No |
| 11.2 | Does you organisation have a policy on SustainabilityIf yes please provide a copy |  Yes/No |
| 11.3 | **Please provide a copy of your organisations environmental management system.** |

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| **12** | PROFESSIONAL AND BUSINESS STANDING |
|  | Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s)? |
| 12.1 | Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or are subject to relevant proceedings |  Yes/No |
| 12.2 | Has been convicted of a criminal offence related tobusiness or professional conduct, conspiracy, bribery, corruption or fraud |  Yes/No |
| 12.3 | Has committed an act of grave misconduct in the course of business |  Yes/No |
| 12.4 | Has not fulfilled obligations related to payment of social security contributions |  Yes/No |
| 12.5 | Has not fulfilled obligations related to payment of taxes |  Yes/No |
| 12.6 | Is guilty of serious misrepresentation in supplying information |  Yes/No |
| 12.7 | Is not in possession of relevant licences or membership of an appropriate organisation where required by law |  Yes/No |
| 12.8 | If the answer to any of these is “Yes” please give brief details below,including what has been done to put things right   |
| 12.9 | Conflict of Interest (I understand that if I, my family members and close relatives and personal friends have any direct or indirect interest in any company which has business dealings with Walsall College, I shall make a declaration to the Clerk of Governors and Executive Team members) Yes/No  |

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| **13** | **REQUIREMENT SPECIFIC QUESTIONS** |
| 13.1 | Is your organisation currently accessing ESFA funding in any of the following regions | East of England [ ] East Midlands [ ] London [ ] North East [ ] North West [ ] South East [ ] South West [ ] West Midlands [ ]  Yorkshire & Humberside [ ]  |
| 13.2 | How many Assessors/ Trainers does your organisation employ? |   |
| 13.3 | Does your organisation currently have any restrictions/ sanctions placed upon it by an awarding body? | Yes/No |
| 13.4 | If yes, please give details. |   |
| 13.5 | Is your organisation IAG Matrix accredited, or working towards accreditation? | Yes/No |
| 13.6 | When did you receive accreditation or when do you expect to receive it? |   |

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| **14** | I declare that to the best of my knowledge the answers submitted in this PQQ (and any supporting module) are correct. I understand that the information will be used in the evaluation process to assess my organisation’s suitability to be invited to tender for the Authority’s requirement.  |
| FORM COMPLETED BY |
| 14.1 | Name: |   |
| 14.2 | Position (Job Title): |   |
| 14.3 | Date: |   |
| 14.4 | Telephone number: |   |
| 14.5 | Signature: |   |

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| **15** | **Please completed the following check list to confirm that all the required evidence has been included with your PQQ submission**: |
| **Required Supporting Evidence:** | **Evidence attached** |
| 15.1 | Names of the organisations directors and senior managers together with details of their previous appointments. (Ref 1.21) |  Yes/No |
| 15.2 | Full structure of your organisation. (Ref 1.21) |  Yes/No |
| 15.3 | Written statement illustrating your local/regional knowledge, support, references, and stakeholders. (Ref 1.22) |  Yes/No |
| 15.4 | Most recent audited accounts, or a statement of your turnover, profit & loss account and cash flow. (Ref 2.9) |  Yes/No |
| 15.5 | Disclose of contracts your organisation holds including contracts with the ESFA(Ref 3.9 & 3.10) |  Yes/No |
| 15.6 | Professional Indemnity insurance certificate(Ref 5.5) |  Yes/No |
| 15.7 | Public Liability insurance certificate(Ref 5.5) |  Yes/No |
| 15.8 | Employer’s Liability insurance certificate(Ref 5.5) |  Yes/No |
| 15.9 | A copy of the latest EV report (Ref 6.13) |  Yes/No |
| 15.10 | Copies of staff CV’s.(Ref 6.14) |  Yes/No |
| 15.11 | A copy of your organisations quality Management certification.(Ref 6.15) |  Yes/No |
| 15.12 | Data Protection Policy.(Ref 6.16) |  Yes/No |
| 15.13 | Data Protection Questionnaire.(Ref 6.17) |  Yes/No  |
| 15.14 | Statistics from the last two years results achieved(Ref 6.18) |  Yes/No |
| 15.15 | Health and safety at work policy.(Ref 7.4) |  Yes/No |
| 15.16 | Equal opportunities policy.(Ref 8.3) |  Yes/No |
| 15.17 | Safeguarding policy.(Ref 9.3) |  Yes/No |
| 15.18 | DBS certificate numbers for your staff.(Ref 9.4) |  Yes/No |
| 15.19 | A Written DBS policy.(Ref 9.5) |  Yes/No |
| 15.20 | Modern Slavery Policy.(Ref 10.2) |  Yes/No |
| 15.21 | Environmental Management System Policy.(Ref 11.3) |  Yes/No |

Notes:

\*“system” means processes and procedures to ensure that the subject is properly managed. This includes making sure that legal requirements are met.

**Health and Safety Polices**

Any business employing **five** or more people has, by law, to prepare and bring to the attention of employees a written Health and Safety Policy Statement.

A Health and Safety Policy usually consists of three distinct sections namely:

**General Policy Statement** – a short statement outlining the organisation’s commitment to Health and Safety, **signed and dated** by the senior organisation official (for example, the Managing Director).

Organisation – how the organisation addresses health and safety; lines of communication between managers and staff; and any specific duties/responsibilities assigned within the organisation – this should be relatively straightforward for smaller organisations.

Arrangements – the systems and procedures in place for ensuring employees’ health and safety at work.

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| Proposed Contract Value: | £ |
| Proposed Management Fee: |  |
| Proposed Funding Stream: |  |

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| Financial Review |
| Risk Rating |  | Recommended Contract Value | £ |
| Further Consideration (Red) |  | Progress with Caution (Amber) |  | Satisfactory (Green) |  |
| Comments |
| Financial Approval |
| Name: | Matthew Brown | Position: | Director of Finance and MIS |
| Signature: |  | Date: |  |

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| Has a Data Protection Questionnaire been completed? | Yes/No |

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| Has this PQQ been approved by the Approval Panel? | Yes/No |
| Can the contract be written? | Yes/No |
| Comments |

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| Authorised by: |
| Name: | Matthew Brown | Position: | Director of Finance and MIS |
| Signature: |  | Date: |  |

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| Authorised by: |
| Name: | James Norris | Position: | Assistant Principal - Commercial Development |
| Signature: |  | Date: |  |

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| Authorised by: |
| Name: | Jatinder Sharma OBE | Position: | Principal and Chief Executive |
| Signature: |  | Date: |  |

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| Any Further Actions  |
|  |