



Parish Clerk/RFO: Rebecca Turner, The Old Police House, Nesscliffe, SY4 1DB
Telephone: 01743 741611, email: fordparishcouncil@outlook.com
Website: www.fordparishcouncil.org.uk

***INSTALLATION OF NEW OUTDOOR FITNESS
EQUIPMENT AT FORD RECREATION GROUND***

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

**Ford Parish Council
The Old Police House
Nesscliffe
Shrewsbury
SY4 1DB
Email: fordparishcouncil@outlook.com**

Section A:

Name of Applicant:
(please insert)

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 incorporated consortium or joint venture?	Yes/No
	If you answer Yes please provide details of partnership agreements you intend to work with.	
	Details enclosed?	Yes/No

B2	Company Background	
2.1	Ownership structure Please provide a one-page chart illustrating the ownership structure of the Potential Provider including relations to any parent or other group or holding companies.	
	Attached?	Yes/No
	Full legal name and address of Parent Company if applicable:	
	Registered name	
	Registered office	
	Registration number	
2.3	Full legal name and address of (ultimate) Parent Company if applicable:	
	Registered name	
	Registered office	
	Registration number	
2.4	Parent Company Guarantee	
	If the applicant is a subsidiary, please confirm that Group or the Ultimate Holding Company would be prepared to guarantee the firm's contract performance as its subsidiary.	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 Insurance certificate enclosed	Yes/No
1.2	Employer's Liability Insurance	
	Please confirm that you hold a minimum of £10,000,000 Employer's Liability Insurance on a per occurrence/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 Details			
2.1	Accounts			
<p>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)</p> <p>Please provide copies of the accounts enclosed</p>				
Accounting Year ending	Turnover	Gross Profit (Loss)	Net Surplus (Deficit)	Net Assets

Section D:
Claims & Contract Terminations/Deductions

D1	Outstanding Claims / County Court Judgements	
1.1	Do you have any outstanding claims, litigations or judgements against your organisation?	Yes/No
1.2	If YES please provide further details.	
	Response:	

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:	

Section E:
Health & Safety and Equal Opportunities

E1	Health & Safety at Work	
1.1	Please provide a copy of your API (Association of Play Industries) certification	Yes/No
	Certification Number:	
1.2	Does your organisation have a formal health and safety policy or statement?	Yes/No
	Please enclose a copy (this will be evaluated)	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 following details as well as a copy of any certificates.	
	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
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		
1.10	Please state how many accidents have been reported to your Enforcing Authority under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) (or EU equivalent) in the last 3 years for employees, sub-contractors (SC) and members of the public (MoP).			
		E	SC	MoP
	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			
	Number of accidents reported under RIDDOR from 1 April 2021 to 31 March 2022			
	Total number of accidents reported under RIDDOR in 3 years			
	Please indicate your Accident Incident Rate (AIR) for the following periods:			
	AIR = $\frac{\text{Number of Employee Accidents multiplied by 1000}}{\text{Divided by the Number of Employees}}$			
	1 April 2016 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 nature?	Yes/No		
1.12	If YES to 1.11 please give details of who your key sub contractors are and what work areas they deliver and how do you ensure they are competent.			
	Response:			

Section F
Contract Specific Questions

F1	<p>Contract Experience Max 500 words for each of sections G1.1, G1.2 & G1.3</p>
1.1	<p>Requirement: Play Area Installation.</p> <p>Please provide an overview of your business’ approach to providing a high standard play area for this site including:</p> <ul style="list-style-type: none"> ○ Understanding and appreciation of the local area ○ Ability to meet the expectations of both the client and the public at large <hr/> <p>Response:</p>
1.2	<p>Requirement: Core business comprises contracts directly similar to the Authority’s requirements</p> <p>Please provide details of up to 5 Reference Contracts, set out in the form of Table 1 at Appendix A.</p>

F2	<p>Contract Experience Max 1000 words for this section</p>
2.1	<p>Requirement: Experience and proven capacity to deliver this type of contract and mobilise efficiently & effectively</p> <p>Please provide a Case study of a relevant contract (one of the Reference Contracts) which includes demonstration of the following:</p> <ul style="list-style-type: none"> ○ Approach

F2	Contract Experience Max 1000 words for this section
	<ul style="list-style-type: none"> ○ 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 <hr/> 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

F3	Management Systems Max 1000 words for this section
3.1	<p>Requirement:</p> <p>Please describe your organisation’s typical arrangements for effective management of Health & Safety in construction contracts including:</p> <ul style="list-style-type: none"> ○ Management leadership and commitment ○ 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 <hr/> <p>Response:</p>
3.2	<p>Requirement: Routine Health & Safety</p> <p>Please provide examples of the following</p> <ul style="list-style-type: none"> ● Method Statement for the construction of a similar project ● General Risk Assessments ● Health and Safety Policy (where it applies) ● Certificate of Public Liability insurance <p>Project specific documents will be required in due course.</p>

F4	Public Reputation & Added Value Max 1000 words for this section
4.1	<p>Requirement: Understanding of the importance of representing the Council to the public</p> <p>Please provide examples of</p> <ul style="list-style-type: none"> ○ 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 <hr/> <p>Response:</p>
4.2	<p>Requirement: Approach to Working in a public area.</p> <p>Please provide details on your organisation's approach to working in public open spaces.</p> <hr/> <p>Response:</p>

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)					