

PRIVATE AND CONFIDENTIAL



CONTRACT FOR *[Name of Procurement]*

SUPPLIER QUESTIONNAIRE

Note: The Council has agreed a proportionate approach to the information required from prospective suppliers. Routine procurements (£50k - £150k total value) may not require all these questions.

The I&P Team have developed a short version questionnaire which is more basic with optional extra questions dependent on the needs of the procurement. Contact the I&P Team if you need advice.

[Lead Officer name and work address]

Name of Company Completing

To be Completed and Returned by *[Questionnaire return date and time]*

OUR REF *[Departmental file reference]*

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You must answer all questions in full if your company wishes to be considered for this contract. In order to assist you in completing this form, please refer to the guidance notes attached. If you are a Partnership or Consortium details will be required from each Partner.

This document may be photocopied. Please complete your answers in **BLACK INK OR BLACK TYPE**. Any Document submitted in support of answers should be annexed to the questionnaire. Each Annex should be referenced by the question number to which it relates and referenced to the Annex made in the questionnaire. Where only parts of a document are relevant to the question being answered the appropriate items should be highlighted or specifically referred to in the completed questionnaire.

Should you require any further assistance in completing this form, please call 0208 547 [....]. If there are any changes to this information after you have submitted your application you must inform us in writing.

The person dealing with this Questionnaire is:

[Lead Officer name and title, work address and telephone number]

A ORGANISATION INFORMATION

A1. Organisation applying for this contract

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A2. Main address for correspondence (see Note 1)

Name:	
Email:	
Telephone:	
Fax:	
Address	

A3. Registered Office (if different from above)

Name:	
Address:	

A4. Name and address of Applicants' head office in the UK, and registered number and date of registration.

Name:	
Address:	

Registered office:	
Country of registration:	
Registered number:	
Date of registration:	
VAT number:	

A5. Name of person who is the main contact for this application

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A6. Position in organisation

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A7. Telephone number

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A8. Facsimile number

A9. Email address

A10. Name of person who is the secondary contact for this application

A11. Position in organisation

A12. Telephone number

A13. Email address

A14. Are you acting as the Lead Organisation for a consortium?

Please circle yes or no

Yes

No

A15. If the answer to question A14 is in the affirmative, please name the other consortium members.

A16. What is the legal status of your organisation, sole trader, partnership, private limited company, or other? *(please specify) (see note 2)*

A17. Please give the names and responsibilities of the Executive Directors/ Partners of your organisation.



A18. List the full names of all Directors, Partners, Associates and Company Secretary

(Questions A19 - A23 see note 3)

A19. Have any of the Directors, Partners or Associates been involved in any company which has been liquidated or gone into receivership?

(If yes, please attach details and mark clearly question A19)

Please circle yes or no

 Yes No

A20. Provide confirmation that there are no grounds applicable to your Organisation pursuant to which an organisation may be rejected under Regulation 23 of the Public Services Contract Regulations 2006 (SI 2006/5). The Council may seek evidence at a later date, in confirmation of your answer.

A21. Has any Director, Partner, Associate or Senior employee been employed by the Council within the last five years?

Please circle yes or no

 Yes No

(If yes, please attach names, capacity and dates, and mark clearly question A21).

A22. Please give the names and positions in the company of any Director, Partner, Associate or Senior Employee who is related to an employee of the Council at or above a principal officer grade or to a Councillor.

A23. Please state the names of Directors, Partners or Associates of your organisation who have any involvement in other organisations who provide services to the Council, together with the name(s) of those organisations.

Where a Limited Company (complete questions A24-28)

A24. Please state the company's date of registration and registration number under the Companies Act 1985 (see note 4).

A25. Please enclose a copy of the Certificate of Incorporation of the company under the Companies Act 1985, Memorandum of Association and (if applicable), any other certificate or change of name. (Please attach and clearly mark question A25).

Enclosed

A26. Date of registration and registration number under Industrial and Provident Societies Acts 1965 and 1978.

A27. If the organisation is a member of a group of companies, give the names and addresses of the ultimate holding company and all other subsidiaries. (See note 5). Please indicate which subsidiaries are engaged in work relevant to this contract.

A28. Would the group or the ultimate holding company be prepared to guarantee your contract performance as its subsidiary?

Please circle yes or no

A29. Please state the names of Employers'/ Trade Associations of which your organisation is a member. Where appropriate, please also state your membership number and the date that membership expires.

A30. Please provide details of any outstanding claims or litigation against the organisation. (If none, write none).

A31. Please provide a brief history (maximum 2 sides A4) of your organisation together with your organisational structure. (Please attach and clearly mark question A31).

Enclosed

A32. Please list your organisation's major operating locations in the United Kingdom. Please state where listed if included elsewhere.

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B FINANCIAL INFORMATION

B1. Please provide details of the person in your organisation who is responsible for financial matters. (See note 6). Include your phone number and e-mail address.

Name	
Address	
Telephone & Fax no.	
Email address	

B2. What are the name, address, telephone, and facsimile number and email address of your banker?

Name	
Address	
Telephone & Fax no.	
Email address	

B3. What are the name, address and contact details of Auditors?

Name	
Address	
Telephone & Fax no.	
Email address	

B4. Please enclose audited accounts and annual reports for each of the last two years to include: (See note 7).

- | | |
|--|-----------------------------------|
| Balance Sheet | Enclosed <input type="checkbox"/> |
| Profit and Loss Account | Enclosed <input type="checkbox"/> |
| Full Notes to the Accounts | Enclosed <input type="checkbox"/> |
| Director's Report and Auditor's Report | Enclosed <input type="checkbox"/> |
| Cash Flow Statement | Enclosed <input type="checkbox"/> |

B5. Provide details of overall annual turnover profit before interest and tax (PBIT) and the turnover for standard services for the previous two financial years.

	Year	Year	Year
Overall turnover			
PBIT			

B6. If the accounts you are submitting are for a year ended more than 10 months ago, can you confirm that the organisation as described in those accounts is still trading?

Please circle yes or no

Yes	No
-----	----

B7. If yes to B6, please enclose a statement of turnover since the last set of published accounts.

(See note 8)

Enclosed

TAXATION

B8. VAT Registration number *(indicate if exempted enclosing details)*.

Enclosed

B9. Provide a statement that the ownership of the Organisation has not changed significantly over the past 12 months. Where applicable, please provide details.

B10. Provide a statement that the Organisation has not been subject to a financial investigation by an accredited UK or EC regulator or comparable regulator. Where applicable please provide details.

B11. Provide details of any outstanding legal or financial claims the Organisation is subject to.

INSURANCE

Please give details of insurance(s) held

B12. Employers Liability Insurance held.

Insurer	
Address	
Policy Number	
Extent of Cover	
Expiry Date	

Please enclose a copy of your policy and a copy of your Employer's Liability Certificate (see note 9).

Enclosed

B13. Public Liability Insurance held.

Insurer	
Address	
Policy Number	
Extent of Cover	
Expiry Date	

Please enclose a copy of your policy (see note 9).

Enclosed

B14. Professional Indemnity Insurance.

Insurer	
Address	
Policy Number	
Extent of Cover	
Expiry Date	

Please enclose a copy of your policy.

Enclosed



C CURRENT CONTRACTS & SERVICES – PUBLIC SECTOR

C1 Please provide details of any major contracts you have been awarded and are **currently** performing for local authorities and other public bodies. It is important that the examples provided are comparable to those services required by the Council:

:

Continue on a separate sheet if necessary or submit separately and label **Question C1**.

Name, address of Authority and contact e-mail address	Brief description of services provided, including any partnership style arrangements	Name & Tel. No. of Client officer *	Start date (month/year)	End date (month/year)	Annual Value
1					
2					
3					
4					
5					

*The Council will contact a number of client officers for references.

Please ensure that you supply current and up-to-date contact details for each contact.

C PREVIOUS CONTRACTS & SERVICES – PUBLIC SECTOR

C2 Please provide details of any major contracts you have been awarded and have **previously** performed for local authorities and other public bodies, for the provision of **services similar** to those required by the Authority:

Continue on a separate sheet if necessary or submit separately and label **Question C2**.

Name, address of Authority and contact e-mail address	Brief description of services provided, including any partnership style arrangements	Name & Tel. No. of Client officer *	Start date (month/year)	End date (month/year)	Annual Value
1					
2					
3					
4					
5					

*The Council will contact a number of client officers for references. Please ensure that you supply correct and up-to-date contact details for each contract.

C3. Do you regularly use sub-contractors, self employed labour and other agencies in the provision of services similar to those required by the Authority?

Please circle yes or no

 Yes

 No

C4. If yes, do you intend to use sub-contractors and/or self employed labour for this contract?

Please circle yes or no

 Yes

 No

(If so, please supply details and clearly mark question C4).

C5. Has your organisation ever suffered a deduction for liquidation and ascertained damages in respect of any contract within the last three years?

Please circle yes or no

Yes	No
-----	----

C6. Has your organisation ever had a contract terminated or your employment determined under the terms of the contract?

Please circle yes or no

Yes	No
-----	----

C7. Has your organisation not had a contract renewed for failure to perform to the terms of a contract?

Please circle yes or no

Yes	No
-----	----

If the answer to any questions C5 – C7 above is YES, please enclose details and mark clearly question C5, C6 or C7.

C8. Identify any potential conflicts of interest that may arise if the Applicant were selected.

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QUALITY SYSTEMS

C9. Is your organisation registered for Quality Assurance under BS EN ISO 9000 etc.?

*Please circle yes or no
If 'yes' please state date achieved.*

Yes	No
Date	

If yes, which areas of your organisation does registration cover and what was the accrediting body?

Area (s) covered	Accrediting Body

C10. If you are not registered under BS EN ISO 9000, are you likely to achieve registration within the contract period?

Please circle yes or no

Yes	No
-----	----

C11. Does your organisation offer any quality assurances or guarantees? Please specify.

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C12. Has your organisation achieved any formal recognition of its achievements in quality?
Please specify.

D PERSONNEL, AND EQUALITY AND DIVERSITY INFORMATION

D1. Does your organisation have a procedure for assessing the suitability and competence of potential employees?

(If yes, please supply evidence and clearly mark question D1).

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D2. Provide details for the Applicant showing:

- The current number of staff employed, permanent and casual;
- Their skills by numbers (for example, management/ supervision, operational);
- The number involved directly in the services area covered by this contract;
- Details of staff turnover as a percentage of the workforce.

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D3. Do you employ a significant number (more than 25%) of staff requiring a permit or Visa to work in this country?

Please circle yes or no

Yes

No

TRAINING

D4. Does your organisation possess Investors In People (IIP) accreditation? If so, please state date achieved.

Please circle yes or no

Yes
Date

No

D5. If you have not achieved IIP accreditation are you likely to achieve accreditation within the contract term?

Please circle yes or no

Yes

No

D6. Please describe your training policies for both professionally based and work based training. Please enclose supporting documentation

(Please attach and clearly mark question D6)

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EQUALITY AND DIVERSITY INFORMATION

- D7.** Do you have a written Equality and Diversity Policy?
 (Please attach and clearly mark question D6)
 Please circle yes or no

Yes	No
-----	----

- D8.** Please name the person responsible for implementing your equality and diversity policy

Name	
Title/Position	
Email	
Telephone Number	

- D9.** Has this manager signed your Equality and Diversity Policy?
 Please circle yes or no

Yes	No
-----	----

- D10.** Are all employees of your organisation aware of the policy and those with specific responsibilities under it trained to carry them out?
 Please circle yes or no

Yes	No
-----	----

- D11.** How do you monitor the effectiveness of your policy?

- D12.** Please provide the following equalities monitoring information:

D12	Total	Managers		Non-Managers	
		Men	Women	Men	Women
Total number of employees					
Number of disabled employees					
Number of Black or minority ethnic employees					

EQUALITIES LEGISLATION

- D13.** Equalities legislation in Britain consists of Race Relations Act 1976, the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the Sex Discrimination Act 1975, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Equal Pay Act 1970, the Equality Act 2006 (the Gender Duty), the Employment Equality (Religion or Belief) Regulations 2003 (updated in Part II Equality Act 2006), the Employment Equality (Sexual Orientation) Regulations 2003, The Equality Act (Sexual Orientation) Regulations 2007, the Employment Equality (Age) Regulations, 2006, and the Civil Partnership Act 2004. Is it your policy as an employer and provider of works, goods or services to comply with your statutory obligations under the Equalities legislation which applies to Great Britain* ,and accordingly, your practice not to treat one group of people less favourably than others because of their , race, , gender, marital status, gender reassignment, disability, religion or belief, sexual orientation and age.
(*or equivalent European legislation. There is equivalent legislation in most European countries, but some of the provisions may not be permissible in all countries.)

Please circle yes or no

Yes

No

- D14.** In the last three years, have any findings of unlawful discrimination been made against your organisation by any Court or Tribunal?

Please circle yes or no

Yes

No

- D15.** In the last three years, has your organisation been the subject of formal investigation by the previous Commission for Racial Equality, Equal Opportunities Commission, Disability Rights Commission (now merged into the Commission for Equality and Human Rights) on grounds of alleged unlawful discrimination?

Please circle yes or no

Yes

No

If yes to D14 or D15 please supply details

If the answer to question D15 is in affirmative or, in relation to question D14, the Commission made a finding adverse to your organisation:

- D16.** What steps did you take in consequence of that finding?

Is your policy on equality and diversity set out:-

D17. In instructions to those concerned with recruitment, training, promotion, disciplinaries, dismissals, remuneration and do you also provide instructions on equality in service delivery?

Please circle yes or no

Yes	No
-----	----

D18. In documents available to employees, recognised trade unions or other representative groups of employees?

Please circle yes or no

Yes	No
-----	----

D19. In recruitment advertisements or other literature?

Please circle yes or no

Yes	No
-----	----

D20. Do you have procedures in place to protect staff and members of the public from unlawful discrimination and harassment?

Yes	No
-----	----

Please enclose examples of the instructions, documents, recruitment advertisements or other literature with this application. (Please attach and clearly mark question D17, 18, 19)

D21. Do you observe as far as possible the Equality Commissions'* Code of Practice for Employment, Service Delivery and Procurement which gives practical guidance to employers and others on the elimination of discrimination and the promotion of equality of opportunity , including the steps that can be taken to encourage members of ethnic minorities, women and disabled people to apply for jobs, take up training opportunities, or compete for contracts. ?

*(*or European equivalent)*

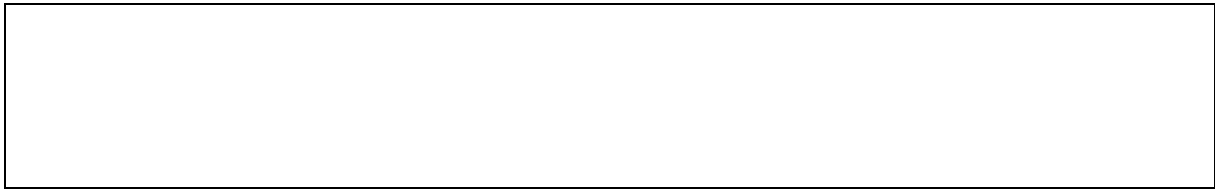
Please circle yes or no

Yes	No
-----	----

D22. Do you require subcontractors to demonstrate evidence of their equalities policies and practices?

Yes	No
-----	----

D23. Please provide details of what kind of evidence subcontractors are asked to submit.



E HEALTH AND SAFETY

E1. Name of Director, Partner or other person responsible for the implementation of your organisation's safety policy.

E2. State the total number of employees employed by your organisation.

E3. Do you employ a Safety Officer? If yes, please state name, address and telephone number. If not, please describe how your organisation is informed and advised about health and safety at work.

E4. In relation to E3, please indicate how much of their time is allocated to health and safety (as a percentage)

E5. What experience and qualifications does the Safety Officer have?

E6. How are your health and safety policies and procedures conveyed to the workforce? (Please state)

E7. Do the employees receive induction and/ or safety training before actually undertaking any work tasks?

Please circle yes or no

 Yes No

(If yes, please enclose details of training/ courses undertaken by staff and objectives and mark clearly Question E7.)

E8. Please enclose a copy of your Health and Safety Policy (covering General Policy, and Organisation Arrangements as required by Section 2 (2) of the Health and Safety at Work Act 1974 and any codes of safe work practises issued to employees).

Enclosed

E9. Please enclose details of any prosecutions or notices served on your company by the Health and Safety Executive, including safety performance records and accident records.

Enclosed

E10. Does your organisation hold a License that is relevant to the work proposed?
Please provide the license number and the details of the organisation approving your license.

E11. Do you agree to allow Council Officers all reasonable access to your premises, plant and equipment for purposes of inspection in connection with defined activities?

Please circle yes or no

 Yes No

E12. Do you agree to be bound by the Council's Health and Safety rules, procedures and code of practice?

Please circle yes or no

 Yes No

E13. Has your organisation been assessed under the CHAS (Contractors Health and Safety Assessment Scheme)?

Please circle yes or no

 Yes No

F ENVIRONMENTAL INFORMATION

F1. Does your organisation have a named person responsible for Environmental Management?
Please circle yes or no

Yes No

(If Yes, please state the name, position and qualifications of that person.)

F2. Does your organisation have an Environmental Policy?
Please circle yes or no

Yes No

(If Yes, please enclose a copy of the statement clearly marked F2).

F3. Does your organisation have in place an Environmental Management System (EMS)?
Please circle yes or no

Yes No

Enclosed

F4. If your organisation has an EMS - from the list below what areas of environmental management does your policy address?

- | | |
|---------------------------------------|--------------------------|
| | <i>(Tick)</i> |
| (a) energy use | <input type="checkbox"/> |
| (b) water use | <input type="checkbox"/> |
| (c) transport/ vehicle use | <input type="checkbox"/> |
| (d) chemical/ hazardous substance use | <input type="checkbox"/> |
| (e) solid/ liquid waste | <input type="checkbox"/> |
| (f) emission | <input type="checkbox"/> |
| (g) pollution | <input type="checkbox"/> |
| (h) biodiversity | <input type="checkbox"/> |
| (i) purchasing/supply chain issues | <input type="checkbox"/> |
| (j) staff training | <input type="checkbox"/> |
| (k) continuous improvement | <input type="checkbox"/> |
| (l) other | <input type="checkbox"/> |

F5. If your organisation has an EMS please provide evidence of implementation of your EMS.
(Please restrict your answer to no more than 2 sides of A4 paper)

F6. Does your organisation hold either of the following accreditations?

Please circle yes or no

Emas Yes No

ISO -1401 Yes No

F7. If yes, please provide evidence that the accreditation covers the business unit providing the services and the services to be provided.

Enclosed

F8. If you have answered No to F6, are you likely to achieve accreditation during the period of the contract?

Please circle yes or no

Yes No

F9. Has your organisation compiled a register of environmental regulations and legislation relating to your business operations? *(If Yes the Council may wish to inspect this.)*

Please circle yes or no

Yes No

F10. Has your organisation compiled an environmental effects register? *(If Yes the Council may wish to inspect this.)*

Please circle yes or no

Yes No

F11. Do you have an environmental action plan in place to reduce your adverse impact on the environment? *(If Yes the Council may wish to inspect this).*

Please circle yes or no

 Yes No

F12. Please describe your organisation's initiatives towards combating global climate change (the greenhouse effect) e.g. energy efficiency, renewable energy, transport. *(Please enclose clearly marked F12).*

Enclosed

F13. Please describe your organisation's approach, as relates to your organisation's internal management not to any services provided, towards the minimisation and management of waste. *(Please enclose clearly marked F13).*

Enclosed

F14. Please describe any other Sustainable Development initiatives undertaken. *(Please enclose clearly marked F14).*

Enclosed

F15. Please outline the specific environmental impacts associated with providing the product/service to be provided and what steps are being taken to minimise them. *(Please enclose clearly marked F15).*

Enclosed

F16. Within the last 3 years, has your organisation been prosecuted for breaking any UK or EU environment law?

F17. Within the last 3 years, has your organisation been served a notice by any environmental regulator or authority including Local Authority? If yes, please give details and any remedial action taken.

G DATA PROTECTION

G1. Is your organisation registered under the Data Protection Act 1998?

Please circle yes or no

Yes

No

If so, what is your DPA registration number?

G2. Do you have an internally recognised Data Protection policy covering all aspects of the Act?

Please circle yes or no

Yes

No

(If Yes, please supply evidence and clearly mark question G2.)

G3. Do you have any established procedures for implementing the policy and in particular ensuring that the Data Protection principles are met?

Please circle yes or no

Yes

No

(If Yes, please supply evidence and clearly mark question G3.)

G4. Do you have a programme for informing staff of the policy and their responsibilities and for training them in the procedures relevant to their work?

Please circle yes or no

Yes

No

(If yes, please supply examples of how this is achieved and clearly mark question G4.)

G5. Do you have any established policies or procedures for information security management e.g. BS7799 and BS5454?

Please circle yes or no

Yes

No

(If yes, please supply evidence and clearly mark question G5.)

H FREEDOM OF INFORMATION ACT 2000

H1 Any information supplied in the Supplier Questionnaire and in all other documents throughout the bidding process may be made available on demand in accordance with the Freedom of Information Act 2000.

Applicants should state if any of the information supplied by them is confidential or commercially sensitive or should not be disclosed in response to a request for information under the Act. Applicants should state why they consider the information to be confidential or commercially sensitive.

This will not guarantee that the information will not be disclosed but will be examined in the light of the exemptions provided in the Act.

It is important to note that information may be commercially sensitive for a time (e.g. during a bid or tender process) but afterwards 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.

Please use the box below to identify any information that is contained in the Supplier Questionnaire and any additional enclosures that you consider to be of a confidential or commercially sensitive nature, stating why you consider this to be the case.

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I SERVICE SPECIFIC INFORMATION

The Council will have some questions to ask of suppliers which fall outside the above categories and which relate specifically to the subject matter of the procurement they are currently undertaking eg interoperability with existing IT systems, different lots within the contract etc. Any such questions are appropriate for inclusion within this section.

CERTIFICATION AND APPLICATION

When you have completed the Questionnaire please read and sign the section below.

I/We certify that the information supplied is accurate to the best of my/our knowledge and that I/we accept the conditions and undertakings requested in the questionnaire. I/we understand that false information could result in my/our exclusion from the process.

I/We also understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body and that any such action will empower the Council to cancel any contract currently in force and will result in my/our exclusion from the process.

Signed

For and on behalf of

Date

Please note, the term "organisation" refers to: sole proprietor, partnership, incorporated company, co-operative as appropriate. The undertaking should be signed by the applicant, a partner or authorised representative in his/her own name and on behalf of the organisation.

Before returning this application form, please ensure that you have;

- answered all the questions appropriate to your application
- enclosed relevant documents
- signed the above undertaking

GUIDANCE NOTES TO THE QUESTIONNAIRE

1. This is the name and address that will be used on our list of selected organisations and where, if your organisation is invited to tender, tender documents will be sent or enquiries made. (See A1 – A2).
2. "Other" would include co-operatives registered as Industrial and Provident Societies, other local authority organisations (Suppliers or Direct Labour Companies), Nationalised Industries (which are incorporated under specific Acts of Parliament), or other public sector organisations. (See A16).
3. Please answer these questions as fully as you can. Any omissions which subsequently come to the attention of this Authority may result in the exclusion of your company from the process. (See A19 – A23).
4. Please ensure that, if your organisation operates more than one company within a group, you give the registration number of the company that you wish to be considered for inclusion. It is this organisation that will be included and only this one that will be eligible for tendering. You must notify us if any major changes take place to the structure of your organisation during the period of this application. (See A24).
5. If this information is contained within your organisation's accounts please indicate. (See A27)
6. This is the person who will be contacted for further financial information if required. (See B1).
7. When submitting audited accounts, please ensure that the accounts contain information on turnover, the balance sheet, profit and loss account and any notes to the accounts and that they are not draft accounts. Where you are submitting accounts for a group, please ensure you also submit accounts for the individual organisation that is applying for inclusion. If these are not available, a statement of turnover for the individual organisation must accompany the group accounts. (See B4).
8. Please answer these questions if, by the time we receive your organisation's accounts, your most recent accounts are more than 10 months old. (See B6 – B7).
9. Your organisation **MUST** carry current Employers and Public Liability Insurance. (See B12 – B13).

CHECKLIST OF SUPPORTING DOCUMENTATION TO BE ENCLOSED WITH YOUR APPLICATION

Please indicate on the following table the additional documents that are enclosed with your application.

Question Number	Document	Enclosed (please tick)
A19	Directors involved in liquidation <i>(if applicable)</i>	
A21	Directors employed by Council <i>(if applicable)</i>	
A25	Certificate of Incorporation, Memorandum of Association, any change of name	
A31	Organisation History & Organisational Structure	
B4	One full set of audited accounts for last two years including:	
	<i>Balance Sheet</i>	
	<i>Profit and Loss Account</i>	
	<i>Full Notes to the Accounts</i>	
	<i>Directors' Report/ Auditor's Report</i>	
	<i>Cash Flow Statement</i>	
	<i>Statement of Source and Application of Funds</i>	
B7	Statement of turnover since the last set of published accounts <i>(if applicable)</i>	
B8	VAT exemption <i>(if applicable)</i>	
B12	Employers Liability Insurance – Copy of Certificate	
B13	Public Liability Insurance – Copy of Certificate	
B14	Professional Indemnity Insurance	
C4	Use of sub contractors and/or self employed labour <i>(if applicable)</i> .	
C5, 6, 7	Damages and contract termination <i>(if applicable)</i>	
D1	Employee assessment <i>(if available)</i>	
D5	Training Policies	
D7	Equality and diversity Policy	
D17, 18, 19	Details of documentation	
E7	Induction and safety training	
E8	Health and Safety Policy	
E9	Details of Health and Safety Executive Prosecutions/ Notices served <i>(Only if applicable)</i> .	
F2	Environmental Policy	
F3	Environmental Management System (EMS) <i>(if applicable)</i>	
F5	Implementation of EMS	
F7	Emas/ISO-1401 accreditation <i>(if applicable)</i>	
F12 - F15	Supporting environmental awareness documentation	
G2 - G5	Data Protection Policy and Procedures	
H	Freedom of Information	
I	Service Specific Information	