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**Children & Young People’s Directorate**

**Place Directorate**

**Learning & Skills Service**

**Kirklees Associates List**

**2019**

**Business Questionnaire**

**Application to join the**

**Kirklees Learning Associates List**

**Annex 1: The Business Questionnaire**

**COMPANY INFORMATION**

|  |  |
| --- | --- |
| A1 Name of Registered Company making the application (“the Applicant Company”). |  |

|  |  |
| --- | --- |
| A2 Trading name of the Applicant Company if different from above. |  |

|  |  |  |
| --- | --- | --- |
| A3 **Applicant Company Contact Details: Primary Contact** | | |
|  | Name: |  |
|  | Position within the Applicant Company: |  |
|  | Address: |  |
|  | Telephone No: |  |
|  | Mobile Phone No: |  |
|  | Email: |  |
|  | Web Site: |  |

|  |  |  |
| --- | --- | --- |
| A4 Applicant Company Contact Details: Primary Contact for Ordering Purposes | | |
|  | Name: |  |
|  | Position within the Applicant Company: |  |
|  | Address: |  |
|  | Telephone No: |  |
|  | Email: |  |

|  |  |  |
| --- | --- | --- |
| A5 Applicant Company Contact Details: Primary Contact for Invoice Queries | | |
|  | Name: |  |
|  | Position within the Applicant Company: |  |
|  | Address: |  |
|  | Telephone No: |  |
|  | Email: |  |

|  |  |
| --- | --- |
| A6 Applicant Company’s Registered Office |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A7 Applicant Company’s Business Status: | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Partnership |  |  |  |  |
|  |  |  |  |  |  |
|  | Limited Liability Partnership |  |  |  |  |
|  |  |  |  |  |  |
|  | Private Limited Company |  |  |  |  |
|  |  |  |  |  |  |
|  | Public Limited Company |  |  |  |  |
|  |  |  |  |  |  |
|  | Registered Charity |  |  |  |  |
|  |  |  |  |  |  |
|  | Other (Please State) |  | |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A8 Please state the Applicant Company’s date of incorporation and registration number under the Companies Act 2006 or one of the earlier Companies Acts.  OR | |  |  | | --- | --- | | Date |  | | Number |  | |
| Date of registration and the Applicant Company's registration number under the Industrial and Provident Societies Acts 1965 to 1978 or the Limited Liability Partnerships Act 2000.  OR | |  |  | | --- | --- | | Date |  | | Number |  | |
| Date when Partnership commenced trading. | |  |  | | --- | --- | | Date |  | |

|  |  |
| --- | --- |
| A9 Applicant Company’s VAT registration number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A10 Has any person involved in the management of the Applicant Company: | | | | |
| A10.1 | Been a Member or co-opted member of the Council(s) or employed by the Council(s),  it wishes to work with, in the last 3 years? |  | |  | | --- | | Yes: | |  | | |  | | --- | | No: | |  | |
| A10.2 | A relative who is either a Member or co-opted member of the Council(s) or is employed by the Council(s), it wishes to work with, at a senior level? |  | |  | | --- | | Yes: | |  | | |  | | --- | | No: | |  | |
| A10.3 | Any involvement in other firms that provide goods or services to Kirklees Council? |  | |  | | --- | | Yes: | |  | | |  | | --- | | No: | |  | |
| A10.4 | Any involvement in other firms that provide similar services to those for which it is applying? |  | |  | | --- | | Yes: | |  | | |  | | --- | | No: | |  | |
|  | If you have answered yes to any of the above please give details:  (*Maximum 150 words)* | | | |
| A10 | Continued: | | | |

|  |  |  |
| --- | --- | --- |
| A11 Is the Applicant Company in administration or subject to insolvency arrangements or proceedings at the present time, or are the directors/ principals aware that this is likely to be the case? | | |
|  | |  |  | | --- | --- | | Yes: |  | | |  |  | | --- | --- | | No: |  | |
| If yes please give details:  *(Maximum 150 words)* | | |

|  |  |  |
| --- | --- | --- |
| A12 Have any of the senior members of the Applicant Company (e.g., partner, director or company secretary) been involved (in a similar position) in any other business which became insolvent? | | |
|  | |  |  | | --- | --- | | Yes: |  | | |  |  | | --- | --- | | No: |  | |
| If yes please give details:  *(Maximum 150 words)* | | |

|  |  |  |
| --- | --- | --- |
| A13 If the Applicant Company is a member of a group of companies, give the names and company numbers of the holding company and associated companies, clearly stating the relationship with the Applicant Company. | | |
| Company Name | Company Number | Relationship |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A14 Is the Applicant’s parent company or ultimate holding company prepared to guarantee the performance of the Applicant Company? | | | |  |  | | --- | --- | | Yes: |  | | |  |  | | --- | --- | | No: |  | | |  |  | | --- | --- | | N/A: |  | |
|  | If yes please provide: | | | | |
|  | Name of Company |  | | | |
|  | Registration number |  | | | |
|  | Relationship with the Applicant Company |  | | | |

|  |  |  |
| --- | --- | --- |
| A15 Are there any possible conflicts of interest in relation to the Applicant becoming a potential supplier to the Council?  *[For example in any cases where the Applicant is also an employee of the council (see A10.1) or an independent member of a local board or group involved in making decisions about the procurement of research services on behalf of the council?]* | | |
|  | |  |  | | --- | --- | | Yes: |  | | |  |  | | --- | --- | | No: |  | |
| If yes please give details of how this conflict of interest would be addressed:  *(Maximum 150 words)* | | |

## B. FINANCIAL INFORMATION

|  |  |
| --- | --- |
| 1. You are required to provide your most recent two years’ **full** (non-abbreviated) accounts (or for the period of your incorporation or trading if less than 2 years). Modified balance sheets, without trading account summaries and details of turnover are not acceptable. If you have electronic versions please attach them when submitting this form. See details in the Completing and returning this Business Questionnaire Section regarding sending hard copy documents by post.   Note that the financial assessment will be carried out on the Applicant organisation (named in A1). If you are submitting an application as a consortium, please note the information on page 4 relating to consortium applications. | Enclosed: |
| Yes  No |

|  |  |  |
| --- | --- | --- |
| 1. Periods covered by the audited accounts submitted in response to question B1: | | |
| Earlier year (‘Year 1’) | From | To |
| Most recent year (‘Year 2’) | From | To |
| Annual turnover, Year 1 |  | |
| Annual turnover, Year 2 |  | |
| Net Profit (or Loss) after tax but before dividends, Year 1 |  | |
| Net Profit (or Loss) after tax but before dividends, Year 2 |  | |
| Net Worth at end of Year 2 |  | |
| **Notes**   1. Information supplied in response to this question will be checked against the submitted accounts. In the event of any discrepancy, the figures stated in the submitted accounts will be used. 2. Should the Council establish that the submitted accounts are not the most recent accounts in accordance with the requirements at B1, the Council will use its judgement as to which figures to use for evaluation purposes. | | |

|  |  |
| --- | --- |
| 1. If your answer to A14 (Is your parent company or ultimate holding company prepared to guarantee the performance of your company?) was ‘Yes’ you are required to provide that company’s most recent two years’ **full** audited accounts. Modified balance sheets, without trading account summaries and details of turnover are not acceptable. If you have electronic versions please attach them when submitting this form. See details in the Completing and returning this Business Questionnaire Section regarding sending hard copy documents by post. | Enclosed: |
| Yes  No  N/A |

|  |  |
| --- | --- |
| 1. Have there been any material changes affecting your business operations since the end of the period to which the most recent submitted accounts apply? | Yes  No |
| If Yes, please provide details. | |

**C STATUTORY COMPLIANCE**

|  |  |  |
| --- | --- | --- |
| Please indicate whether your Company, or any of its Directors, Company Secretary, Partners or any other person who has powers of representation, decision or control, have been convicted of any of the following offences (including those which are “spent” within the meaning of the Rehabilitation of Offenders Act 1974).  ***Note:*** *that the Public Contracts Regulations 2006 include a mandatory requirement for contracting authorities to exclude businesses from public contracts let following full EU procurement procedures where they or any of the persons mentioned above have been convicted of the offences listed in* ***C1-6 and therefore your company will be excluded from the evaluation if you have a conviction for any of these offences.*** | | |
| C1 | 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 Council Joint Action 98/733/JHA. | Yes  No |
| C2 | Corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906. | Yes  No |
| C3 | The offence of bribery including under the common law and within the meaning of section 1 or 6 of the Bribery Act 2010. | Yes  No |
| C4 | 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:   1. the offence of cheating the Revenue;   (ii) the offence of conspiracy to defraud;  (iii) fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978;  (iv) fraudulent trading within the meaning of section 458 of the Companies’ Act 1985 or section 993 of the Companies’ Act 2006;  (v) defrauding the Customs within the meaning of the Customs and Excise Management Act 1979 and the Value Added Tax Act 1994;  (vi) an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993; or  (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 |
| C5 | Money laundering within the meaning of the Money Laundering Regulations 2007 | Yes  No |
| C6 | Any other offence within the meaning of Article 45(1) of the European Union Directive 2004/18/EC as defined by the national law of any relevant State.  If Yes, please provide details. | Yes  No |

|  |  |  |
| --- | --- | --- |
| Please indicate whether your Company, or any of its Directors, Company Secretary, Partners or any other person who has powers of representation, decision or control, have been convicted of any of the following offences and, if so, provide details of the corrective action(s) you have taken to ensure future legal compliance.  ***Your Company will be excluded from evaluation where there has been a significant breach of law, unless the Council is satisfied with the corrective action which has been taken as a result of the conviction or finding. If you have any queries about this section please contact us for advice.*** | | |
| C7 | The offence of Corporate Manslaughter or Corporate Homicide. | Yes  No |
| C8 | A breach of the Health and Safety at Work Act 1974 or any other health and safety legislation. | Yes  No |
| C9 | A breach of any road safety or vehicle operation legislation. | Yes  No |
| C10 | A breach of any UK or EU environment law during the last three years. | Yes  No |
| C11 | Any finding of unlawful discrimination made against your Company by any court or Employment Tribunal during the last three years. | Yes  No |
| C12 | A formal investigation by the Commission for Equality and Human Rights (CEHR) or Commission for Racial Equality (CRE) on the grounds of alleged unlawful discrimination during the last three years. | Yes  No |
| C13 | Conviction for a criminal offence relating to the conduct of any business or professions, or committed an act of grave misconduct in the course of their business or profession. | Yes  No |
| C14 | Failure to meet the company’s obligations to pay taxes or social security contributions in the United Kingdom or other EU member state. | Yes  No |
| If you have answered ‘Yes’ to any of questions C7-C14, please provide full details of the offence and the corrective actions which have subsequently been taken to improve the performance of your company: | | |
|  | | |

**D INSURANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D1 The Council requires confirmation that if awarded a contract your Company will meet the Council’s minimum insurance requirements (see notes below). | | | | |
|  | Insurance Category | Please state maximum level of insurance | If the insurance cover does not at present meet the Council’s minimum requirements, please confirm that you are willing to increase cover (at no extra cost to the Council if you are awarded a contract). | |
|  | Public Liability | £ | |  | | --- | | Yes: | |  | | |  | | --- | | No: | |  | |
|  | Employers Liability | £ | |  | | --- | | Yes: | |  | | |  | | --- | | No: | |  | |
|  | Professional Indemnity | £ | |  | | --- | | Yes: | |  | | |  | | --- | | No: | |  | |
| **Notes:** | **Minimum insurance requirements.** | **Public Liability** | **Employers Liability** | **Professional Indemnity** |
|  | £5,000,000 | £10,000,000 | £250,000\* |
| * If you do not currently comply with the **minimum requirements** **you must do so**, **at no extra cost to the Council(s), before a contract can be awarded.** * \*minimum level of cover per claim, and two hundred and fifty thousand Pounds Sterling (£250,000) in the annual aggregate, such insurance to be maintained for a period of at least [six (6)] years from completion of the Services | | | |

|  |  |  |
| --- | --- | --- |
| D2 Have any claims in excess of £50,000 been made under your Company’s Employers, Public or Professional indemnity policy within the last three years? | | |
|  | |  |  | | --- | --- | | Yes: |  | | |  |  | | --- | --- | | No: |  | |
| If yes please give details:  *(Maximum 150 words)* | | |

## E TECHNICAL CAPACITY AND RESOURCES

|  |  |
| --- | --- |
| E1 MAIN ACTIVITIES:  Please list the main activities of your Company relevant to this tender and how long you have been undertaking them.  *Maximum 300 words* | |
| Activity | Period of time |
|  |  |
|  |  |
|  |  |
| If applying as a consortium, please **define the roles of each consortium member** below:  *for information only* | |

|  |  |  |  |
| --- | --- | --- | --- |
| E2 PREVIOUS CONTRACTS:  Please state the total number of contractsthat your Company has carried out within the last three years and give two specific, relevant examples. | | | |
| Total number of contracts in the last three years: | |  | |
| How many of these contracts were for local authorities, schools or other learning settings? | |  | |
| Examples: *Maximum 500 words overall* | | | |
|  | Description of contract activity | Value of contract | Completion date |
| Example 1: |  | £ |  |
| Example 2: |  | £ |  |

|  |  |  |
| --- | --- | --- |
| E3 REFERENCES: Please provide the names and full contact details of two referees  Each referee should be a named individual, giving both forename and surname. | | |
|  | Referee 1 | Referee 2 |
| Contact Name: |  |  |
| Organisation: |  |  |
| E-mail: |  |  |
| Phone number: |  |  |
| Title/Description of Contract: |  |  |
| Value of contract: | £ | £ |
| Contract start date: |  |  |

|  |  |
| --- | --- |
| E4 CAPACITY: Please state the number of employees your Company intends to utilise for the direct delivery of this contract | |
| Total number of employees – full-time equivalents (FTEs): |  |
| Total number of employed consultants available |  |
| Total number of additional contracted consultants available |  |

|  |  |  |
| --- | --- | --- |
| E5 CONTRACTUAL PERFORMANCE: Has your Company: | | |
| E5.1 | Had any penalties, default notices or financial award made (whether subject of PI claim or otherwise) against it during the last 3 years in respect of comparable services? | Yes  No |
| E5.2 | Had either a contract terminated or its employment terminated under the terms of a contract during the last 3 years in respect of comparable services? | Yes  No |
| E5.3 | Had a contract that was not renewed for failure to perform to the terms of that contract? | Yes  No |
| E5.4 | Withdrawn from a contract after the contract award but before its completion? | Yes  No |
|  | If you have answered “Yes” to any part of E7 please give details below:  *(Maximum 150 words)* | |

**F HEALTH AND SAFETY & SAFEGUARDING**

|  |
| --- |
| F1 Does your organisation have Health & Safety procedures in place, undertake relevant risk assessments and are staff aware of Safeguarding issues:  Yes               No        Can your organisation demonstrate their ability to undertake risk assessments relevant to the required service?  Yes              No        If you answered ‘Yes’ to the above please enclose evidence with your application.  F2 How does your organisation ensure your staff are aware of Safeguarding issues  Describe below (maximum 100 words)  Click here to enter text. |

**G EQUALITY**

|  |  |  |
| --- | --- | --- |
| G1 | Is it your policy as an employer to comply with your statutory obligations under the Equality Act 2010 in relation to decisions to recruit, select, remunerate, train, transfer and promote employees? | Yes  No |
| G2 | Is your policy on equal opportunities set out in the following:  Instructions to those concerned with recruitment, selection, remuneration, training and promotion?  Documents available to employees, recognised trade unions or other employee representative groups?  In job advertisements and on job application forms or other literature?  **Please enclose appropriate evidence**. Examples of evidence include:  Statement of equal opportunities policy  Copies of recruitment advertisements  Job Application forms  Relevant extracts from disciplinary and grievance procedures | Yes  No  Yes  No  Yes  No |

### 

**H DECLARATION**

I certify that the information submitted within and appended to this Business Questionnaire is correct.

I understand that the information will be used to assess the Applicant Company’s suitability to become a prospective supplier to the Council and that information will be held on computer and manually for this purpose in accordance with the Data Protection Act 1998.

**A director or other authorised senior representative of the Applicant Company must complete this declaration.**

By completing this declaration, you are agreeing with the comments above.

|  |  |
| --- | --- |
| **DETAILS OF PERSON COMPLETING THE DECLARATION:** | |
| SIGNED: |  |
| NAME: |  |
| POSITION: |  |
| FOR AND ON THE BEHALF OF: |  |
| DATE: |  |