**APPENDIX B**

**Business Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **BASIC DETAILS OF YOUR BUSINESS** | | | |
| 1.1 | Name of Organisation: |  | | |
| 1.2 | Contact name for enquiries about this Questionnaire: |  | | |
| 1.3 | Job Title of Contact: |  | | |
| 1.4 | Company Address:  Post Code: |  | | |
| 1.5 | Telephone number: |  | | |
| 1.6 | Fax number: |  | | |
| 1.7 | E-mail address: |  | | |
| 1.8 | Website address: |  | | |
| 1.9 | Company Registration number: |  | | |
| 1.10 | Date of Registration: |  | | |
| 1.11 | Registered address, if different from the above:  Post Code: |  | | |
| 1.12 | Are you registered for VAT?  If so, please provide registration number: |  | | |
| 1.13 | Is your organisation: | 1. a public limited company? | |  |
|  |  | 1. a limited company? | |  |
|  |  | 1. a partnership | |  |
|  |  | 1. other (please specify) | |  |
| 2. | INSURANCE | | | |
|  | Please confirm whether or not you have the appropriate levels of insurance cover as set out below. | | | |
|  |  |  | |  |
| 2.1 | Professional Indemnity (for the life of the contract plus 6 years) | £10 million | | Yes / No |
| 2.2 | Employer’s Liability | £10 million | | Yes / No |
| 2.3 | Public Liability | £5 million | | Yes / No |
| 2.4 | Product Liability | £5 million | | Yes / No |
| 2.5 | If you have answered ‘No’ to any of the above, please confirm you are able to obtain the required levels of insurance | | | Yes / No |
| 3. | FINANCIAL INFORMATION | | | |
| 3.1 | What was your turnover in each of the last two financial years | £.......... for year ended  ----/----/---- | £……….for year ended  ----/----/---- | |
| **4.** | **BUSINESS ACTIVITIES & STAFFING** | | | |
| 4.1 | Please provide details of any previous or existing contracts similar to the proposed project. | | | |
| 4.2 | What relevant quality accreditations or membership of professional bodies does your company hold ie. ISO9001 | | | |
| 4.3 | What Health & Safety accreditations does your company have ie. CHAS, ISO 18001 | | | |
| 4.4 | Please provide information on the skills, knowledge and experience of the staff who will be employed in the design and management of this project | | | |

|  |  |  |
| --- | --- | --- |
| 4.5 | Equalities  The Council has an ethos to reduce its carbon footprint, proactively manage and reduce its impact on the environment and its use of natural resources and to develop its Corporate Social Responsibility. Is this an approach you agree with and are willing to support? | Yes / No |
| 4.6 | Sustainability  Is if your policy as an employer to comply with anti-discrimination legislation, and to treat all people fairly and equally so that no one group of people is treated less favourably than others? | Yes / No |
| **5.** | **PROFESSIONAL AND BUSINESS STANDING**  Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s) ? | |
| 5.1 | Bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | Yes / No |
| 5.2 | A conviction (or convictions) for a criminal offence related to business or professional conduct | Yes / No |
| 5.3 | Legal or administrative finding of commission of an act of grave misconduct in the course of business | Yes /No |
| 5.4 | Failure to provide information required or providing inaccurate/misleading information when participating in a procurement exercise | Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6.** | **REFERENCES**  Please provide details of two referees who could vouch for your professionalism, quality and reputation. (Please ensure the referee is prepared to provide a reference or speak to the Council if we wish to contact them) | | |  |
| 6.1 | Referee Name/ Organisation: | Referee One | Referee Two | |
| 6.2 | Referee phone number and e-mail: |  |  | |
| **7.** | I declare that to the best of my knowledge the answers submitted in this Questionnaire are correct. I understand that the information will be used in the process to assess my organisation’s suitability when evaluating Tenders. I understand that the Council may reject this Questionnaire if there is a failure to answer all relevant questions fully or if I provide false/misleading information. | | | |
|  | **FORM COMPLETED BY** | | | |
| 7.1 | Name: |  | | |
| 7.2 | Position (Job Title): |  | | |
| 7.3 | Date: |  | | |
| 7.4 | Telephone number: |  | | |
| 7.5 | Signature(s) and Status |  | | |