**Southwark Tender Evaluation Response Sheet**

**Communicating and Presenting Training Programme**

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| **Organisation** **and Contact Details** | |
| **Full Name of Tendering Organisation:** |  |
| **Registered office address:** |  |
| **Is your organisation:**   1. **A public limited company?** 2. **A limited company?** 3. **A limited liability partnership?** 4. **Other partnership** 5. **Sole trader**   **Other (please specify)** |  |
| **Company or Charity registration number:** |  |
| **VAT registration number (if this applies)** |  |
| **Contact Details for enquires about this tender** | |
| **Contact Name:** |  |
| **Address:**  **Post Code:** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |
| **E-mail Address:** |  |

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| **Professional & Business Standing** | |
| **Do any of the following apply to your organisation, or to (any of) the director(s)/partners / proprietor(s)?** | |
| Bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | Yes / No |
| A conviction (or convictions ) for a criminal offence related to business or professional conduct | Yes / No |
| Legal or administrative finding of commission of an act of grave misconduct in the course of business | Yes / No |
| Failure to fulfil obligations related to payment of social security contributions | Yes / No |
| Failure to fulfil obligations related to the payment of taxes | Yes / No |
| Failure to provide information required or providing inaccurate/misleading information when participating in a procurement exercise | Yes / No |
|  | |
| **Comments:**  We require basic contact details and background information for each tender. Completion of this section is mandatory and is for our information purposes. We may confirm company identity and basic details with external organisations were relevant. | |
| **Evaluation:**  **This section is not scored.** | |

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| **1**. | **Compliance** | | |  |
|  | **Please answer ALL of the following questions** | | | **Score** |
| **1.1** | Please provide details of your current insurance cover. Please include a copy of your insurance certificates with this application.  Does your company have the following; |  | |  |
| a) | *Employers Liability Insurance* | Yes / No  **Value:** | |
| b) | *Public Liability* | Yes / No  **Value:** | |
| c) | *Professional indemnity* | Yes / No  **Value:** | |
| **1.2** | Please provide details of two relevant named references with contact details of the trainer. Services between the trainer and referee should have been exchanged between the present and the last 2 years. |  | |  |
|  |  | **Referee 1** | **Referee 2** | **Score** |
|  | **Organisation** |  |  |  |
|  | **Contact Name, Phone Number & Email** |  |  |
|  | **Contract Start Date:** |  |  |
|  | **Contract End Date:** |  |  |
| **1.3** | **Please answer the following questions relating to your company and GPDR compliance:** | | |  |
| a) | *Please identify your appointed Data Protection Officer and their specific responsibilities* |  | | |
| b) | *Where does your organization store the digital personal information you are managing on our behalf?*  *If stored with a third-party sub processor, please identify them and where data is stored.* |  | | |
| c) | *Are there clear instructions in your contracts detailing what happens to the data at the end of the contract period?* |  | | |
| d) | *Please describe your processes for detecting and communicating data breaches.* |  | |  |
| **1.4** | **Is your company London Living Wage Compliant?** | Yes / No | |  |
| **1.5** | **Please provide specific Lead Trainer details for each course:**  **Please also attach any safeguarding training evidence to this application for each trainer.** |  | |  |
| **i)** |  | | |  |
|  | *Course* |  | |
|  | *Trainer Name* |  | |
|  | *How long working with/for the company* |  | |
|  | *Contact Number* |  | |
|  | *Email Address* |  | |
|  | *Safeguarding training or equivalent completed?* |  | |
| **ii)** |  | | | |
|  | *Course* |  | |  |
|  | *Trainer Name* |  | |  |
|  | *How long working with/for the company* |  | |  |
|  | *Contact Number* |  | |  |
|  | *Email Address* |  | |  |
|  | *Safeguarding training or equivalent completed?* |  | |  |
| **iii)** |  | | | |
|  | *Course* |  | |  |
|  | *Trainer Name* |  | |  |
|  | *How long working with/for the company* |  | |  |
|  | *Contact Number* |  | |  |
|  | *Email Address* |  | |  |
|  | *Safeguarding training or equivalent completed?* |  | |  |
| **iv)** |  | | | |
|  | *Course* |  | |  |
|  | *Trainer Name* |  | |  |
|  | *How long working with/for the company* |  | |  |
|  | *Contact Number* |  | |  |
|  | *Email Address* |  | |  |
|  | *Safeguarding training or equivalent completed?* |  | |  |
| **v)** |  | | | |
|  | *Course* |  | |  |
|  | *Trainer Name* |  | |  |
|  | *How long working with/for the company* |  | |  |
|  | *Contact Number* |  | |  |
|  | *Email Address* |  | |  |
|  | *Safeguarding training or equivalent completed?* |  | |  |
| **vi)** |  | | |  |
|  | *Course* |  | |  |
|  | *Trainer Name* |  | |  |
|  | *How long working with/for the company* |  | |  |
|  | *Contact Number* |  | |  |
|  | *Email Address* |  | |  |
|  | *Safeguarding training or equivalent completed?* |  | |  |
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|  | **Comments:** | | |  |
|  | **Evaluation:**  **(Pass/Fail )** | | |  |

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| **2.** | **Quality Assurance** | |  |
|  | **Please answer ALL of the following questions** | | **Score** |
| **2.1** | **Please provide information of training coordination arrangements used within your organisation.**  **Maximum of 150 words.** |  |  |
| **2.2** | **Please list/ provide and attach the following information in relation to the information management procedures within your organisation:**   * **Code of Conduct,** * **Social Media Guidelines** * **Health & Safety Policy** | |  |
| **2.3** | **Please provide details/summary of your quality improvement processes.** | |  |
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|  |  | | |
|  | **Comments:** | |  |
|  | **Evaluation:**  **(10% Weighting):** | |  |

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| **3**. | **Company Credentials and Experience** |  |
|  | **Please answer ALL of the following questions** | **Score** |
| **3.1** | **Please provide details of any professional affiliations or quality standards, including any awards:** |  |
| a) | **Year Accredited:** |
| **b)** | **Year Accredited:** |
| **c)** | **Year Accredited:** |
| **3.2** | **Please attach/provide any feedback from previous or current training commissioners.**  **(This may include Southwark Council and results from your own surveys or website)**  **Please attach/Include a maximum of 5 pieces of individual feedback.** |  |
|  |  | |
|  | **Comments:** |  |
|  | **Evaluation:**  **(5% Weighting)** |  |

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| **4.** | **Trainer Credentials and Experience** |  |
|  | **Please answer ALL of the following questions** | **Score** |
| **4.1** | **Please provide some information on your operational experience on the course set?.** |  |
|  | **Max 200 words** |  |
| **4.2** | **What experience does the lead trainer have based on this course set?**  ***(Please provide information regarding all lead trainers within this course set)*** |  |
|  | **Max 1200 words** |  |
| **4.3** | ***Please provide details of any professional affiliations or quality standards, including any awards.***  ***(If you have already provided these under section 3 as a sole trader, please move on to question 4.4.)*** |  |
|  |  |  |
| **4.4** | **Please attach/provide any feedback from previous or current training commissioners.**  **(This may include Southwark Council)**  **Please attach/Include a maximum of 5 pieces of individual feedback.**  ***(If you have already provided these under section 3 as a sole trader, please move on to question 4.5.)*** |  |
| **4.5** | **Please provide any information relating to evidence of continuous professional development.**  **Max 150 words** |  |
|  |  | |
|  | **Comments:** |  |
|  | **Evaluation Total:**  **(20% Weighting)** |  |

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| **5**. | **Training Content** | |  |
|  | **Please answer ALL of the following questions** | | **Score** |
| **5.1** | **Please attach suggested training plans along with quotation documentation.** | |  |
| **5.2** | **Please explain how the training plans meet the outcomes of the specifications.** | |  |
|  | **Course** | **Comments** |  |
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| **5.3** | **Please provide samples of key training materials and resources for each course. This should be uploaded along with the training plans and quotation documentation mentioned above.** | |  |
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|  | **Comments:** |  |  |
|  | **Evaluation:**  **(Weighting 20%)** |  |  |

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| **6**. | **Trainers willingness and Ability** | |  |
|  | **Please answer ALL of the following questions** | | **Score** |
| **6.1** | **Are you/lead trainer comfortable and confident in the following;** |  |  |
| a) | *Using technology in line with training content* | Yes / No |  |
| **6.2** | Do you/lead trainers have experience in using a learning management system to take attendance and reviewing learning evaluations online? | Yes/No |  |
|  | ***If you would like to add any further comments regarding question 6.2, please do so here.***  ***Max 100 words*** | |  |
|  |  | | |
|  | **Comments:**  \*\* | |  |
|  | **Evaluation:**  **(Weighting 15%)** | |  |