**Prospective Partner Questionnaire**

**Parties:**

**1. Bromford Housing Association Limited ("Bromford") a Charitable Registered Society (Registration number 7106) whose registered office is One Exchange Court, Brabourne Avenue, Wolverhampton Business Park, Wolverhampton WV10 6AU**

**2. (Prospective Partner) (Company Registration Number) (Registered Office Address)**

When Bromford is considering working with an organisation, in either a formal or informal capacity, it is our policy to ask prospective partners to provide information about their accreditations and experience. This does not create a formal contract or commitment between Bromford and the prospective partner, however, it allows us to assess suitability so that more detailed discussions can take place.

This Questionnaire may be used in relation to arrangements for:

* Providing housing management services on behalf of Bromford through formal agreement; or
* Providing services under contract with third parties/commissioners, to be delivered from accommodation Bromford owns or leases.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details of Prospective Partner** | | | | | | |
| Organisation Name | | | | |  | |
| Previous Names | | | | |  | |
| Trading Names | | | | |  | |
| Registered Office Address | | | | |  | |
| Registration No. (if incorporated) | | | | |  | |
| Date of incorporation (if applicable) | | | | |  | |
| Date of last annual audited accounts | | | | |  | |
| Are there any significant financial factors not referred to in your accounts that may impact on your Organisation in the near future (e.g. mergers, take-overs, rationalisation, or any contingent liability or loss)?  Yes/No  Please explain where yes | | | | | | |
| Local office, if different from above | | | | |  | |
| Name of Key Contact | | | | |  | |
| Job Title of Key Contact | | | | |  | |
| Office address of Key Contact | | | | |  | |
| Telephone number of Key Contact | | | | |  | |
| Email Address of Key Contact | | | | |  | |
| Name of other relevant Contact | | | | |  | |
| Job Title of Other Contact | | | | |  | |
| Telephone number of Other Contact | | | | |  | |
| Email Address of Other Contact | | | | |  | |
| Organisation's Website | | | | |  | |
| Please advise what level of authority is required within your organisation to sign off any future formal agreement:  **(insert name, role)** | | | | | | |
| **Type of Organisation** (please tick or clarify) | | | | | | |
| * Sole Proprietor / Trader | | | | |  | |
| * Public Limited Company | | | | |  | |
| * Private Limited Company | | | | |  | |
| * Limited Partnership / Limited Liability Partnership | | | | |  | |
| * Partnership | | | | |  | |
| * Registered Charity | | | | |  | |
| * Other (please provide details) | | | | |  | |
| If your organisation is part of a group, please provide details of your parent organisation, including its incorporation/registration number and registered office address, and details of any subsidiaries. Please also attach a group structure chart. | | | | | | |
| What are your organisation’s main business activities? | | | | | | |
| How long has your business been engaged in these activities? | | | | | | |
| Does your organisation have any professional accreditations? | | | | | | |
| Which client groups do you work with? | | | | | | |
| How long has your organisation worked with these client groups? | | | | | | |
| Are you a registered provider of social housing?  If yes please provide Homes and Communities Agency (HCA) registration number:  Reg. Number:  Date of registration: | | | | | | Yes/No |
| Is your organisation registered as a landlord with the Housing Ombudsman?  If yes please provide registration details: | | | | | | Yes/No |
| Is your organisation registered with the Care Quality Commission?  If yes please provide registration details:  Registration number:  Date of registration: | | | | | | Yes/No |
| Are you registered for VAT?  VAT Number (if applicable): | | | | | | Yes/No |
| Is your organisation registered with the Information Commissioner's Office (ICO) as a Data Controller for Data Protection purposes?  If yes please provide registration details:  Registration number:  Date of Expiry: | | | | | | Yes/No |
| Are you a registered charity?  Charity number (if applicable): | | | | | | Yes/No |
| Please summarise your experience: (*strike through where not relevant)* | | | | | | |
| a) Supporting People, Housing Related Support/Prevention Services: | | | | | | |
| c) Care & Support Services: | | | | | | |
| d) Housing Management: | | | | | | |
| e) Other: | | | | | | |
| Has your organisation in the last five years ever had a contract or management agreement terminated or not renewed for failure to perform the terms of the contract?  Yes/No  Where yes please explain. | | | | | | |
| **Professional and Business Standing** | | | | | | |
| Do any of the following statements apply to the proprietor, owners or directors of your organisation? | | | | | | |
| In a state of bankruptcy, insolvency, compulsory winding up or receivership, or arrangements with creditors | | | | | | Yes/No |
| Been convicted of a criminal offence related to business or professional conduct | | | | | | Yes/No |
| Have any directors been disqualified from acting as a director of a company for any reason | | | | | | Yes/No |
| If you answered yes please provide further details: | | | | | | |
| If the proprietor(s), owner(s) or directors of your organisation are members of any professional or trading body or institute please provide details: | | | | | | |
| **References** | | | | | | |
| Please provide the details of two referees who we can contact to obtain information about the services which have been delivered by your organisation and which are relevant to any proposed arrangement with Bromford. | | | | | | |
| 1. | Name of Organisation | |  | | | |
|  | Name of Referee | |  | | | |
|  | Referee's Position in Organisation | |  | | | |
|  | Contact Telephone Number | |  | | | |
|  | Email Address | |  | | | |
|  | Does the Referee still work for the organisation? | |  | | | |
|  | Type of Contract/nature of Relationship | |  | | | |
|  | Details of service provided to the organisation | |  | | | |
|  | Length of time the service was provided to the organisation | |  | | | |
| 2. | Name of Organisation | |  | | | |
|  | Name of Referee | |  | | | |
|  | Referee's Position in Organisation | |  | | | |
|  | Contact Telephone Number | |  | | | |
|  | Email Address | |  | | | |
|  | Does the Referee still work for the organisation? | |  | | | |
|  | Type of Contract/nature of Relationship | |  | | | |
|  | Details of service provided to the organisation | |  | | | |
|  | Length of time the service was provided to the organisation | |  | | | |
| **Please confirm if you have the following in place and would be able to provide details if requested at a later date** | | | | | | |
| Employers Liability Insurance  Value £10,000,000 | | | | | | Yes/No |
| Public Liability Insurance  Value £5,000,000 | | | | | | Yes/No |
| Professional Indemnity Insurance  Value £10,000,000 | | | | | | Yes/No |
| Where you have answered no to the above insurance question would you be willing to put in place to the values indicated? | | | | | | Yes/No |
| Data Protection Policy | | | | | | Yes/No |
| Mandatory Data Protection Training for Employees  Please tell us how often this training is refreshed: | | | | | | Yes/No |
| Mandatory DBS Checking for Employees whose job roles mean they will come into contact with children, young people or vulnerable adults  How regularly is this updated? | | | | | | Yes/No |
| Health and Safety Policy compliant with Health & Safety at Work Act 1974 | | | | | | Yes/No |
| Equality and Diversity Policy | | | | | | Yes/No |
| Safeguarding Policy | | | | | | Yes/No |
| Confidentiality Policy | | | | | | Yes/No |
| Policy or procedure for handling Subject Access Requests  Is your organisation subject to Freedom of Information (FOI) requests? | | | | | | Yes/No  Yes/No |
| Environmental/Sustainability Policy | | | | | | Yes/No |
| Disaster Recovery Plan and/or Business Continuity Plan | | | | | | Yes/No |
| Whistleblowing / Confidential Reporting Policy | | | | | | Yes/No |
| Fraud and/or Anti-Money Laundering Reporting Policy | | | | | | Yes/No |
| An induction and/or training programme which ensures employees involved in the delivery of the services you have outlined above and/or where you have indicated can be provided in respect of (*bromford insert details of relevant service which agreement will refer to)* ) are competent, with relevant knowledge and experience.  Please provide details as an attachment. | | | | | | Yes/No |
| Are Volunteers used in the delivery of your services?  Are they subject to DBS Checks?  Do they undergo relevant training?  Where you have answered no, please add details as necessary: | | | | | | Yes/No  Yes/No  Yes/No |
|  | | | | | | |
| **Declarations:** | | | | | | |
| **(insert name of Prospective Partner Organisation)** | | | | | | |
| Signed by | |  | | | | |
| Name | |  | | | | |
| Position | |  | | | | |
| Date | |  | | | | |
| **Bromford Housing Association Limited** | | | | | | |
| Signed by | |  | | | | |
| Name | |  | | | | |
| Position | |  | | | | |
| Date | |  | | | | |
| **Details of any known proposals (to be completed by Bromford)** | | | | | | |
| Service/Scheme Name & Address | | | |  | | |
| Type of Accommodation | | | |  | | |
| Number of Units | | | |  | | |
| Client Group | | | |  | | |
| Tenure | | | |  | | |
| Short or long stay | | | |  | | |
| Local Authority | | | |  | | |
| Internal Management Team | | | |  | | |
| Type of Agreement Proposed, where known: | | | | | | |

**Data Protection and Privacy**

**Bromford Housing Group Ltd**, which includes Bromford Housing Association Ltd and Bromford Home Ownership Ltd (trading as Bromford and Bromford Homes) will keep **your** **personal information** secure and confidential. We collect this information (and may share some or all of it with third parties) as part of:

* Providing, and where necessary improving, services to all our customers: housing & neighbourhood management services; home ownership products & services; support services
* As well as, where appropriate: preventing and detecting crime, fraud and unpaid debts; providing help with debt management and benefit entitlement; providing employment, training advice and opportunities; promoting equal opportunities and fair treatment.

If you provide us with personal information **relating to members of your family or your associates** we will assume you do so with their knowledge and consent to the collecting and processing of the information.

**It is important that you tell us of any changes to your personal information as and when they happen so we can keep your details up to date.**

At any point in our process, you are entitled to request copies of information held about you.

For more information on **how we use and share your information** please see our **Privacy Notice** which is on our website. However, if you would like a written copy of this please contact Customer Services.