



**Pre-Qualification
Questionnaire
for
the Supply/Provision of
Services and Consultancy
to the East Midlands
Regional Assembly**

East Midlands Regional Assembly
First Floor Suite
Council Offices
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CONTENTS

- 1 Preparation of Documents
- 2 Questions / Responses
 - A Company Details
 - B Directors
 - C Financial
 - D Insurance
 - E Litigation
 - F Equal Opportunities
 - G Health & Safety
 - H References
 - I Sustainability/Environmental/Community
 - J Customer Care
 - K Quality Control
 - L Personnel
 - M Work Areas
 - N Other Relevant Information
- 3 Checklist
- 4 Certification
- 5 Contact Information

1 - PREPARATION OF DOCUMENTS

1 RESPONSIBILITY

It is the responsibility of the Company to obtain for themselves, at their own expense, all information necessary for the preparation of this Pre-Qualification Questionnaire.

2 CONFIDENTIALITY

All information submitted in connection with this Pre-Qualification Questionnaire should be regarded as confidential by the Company.

The Pre-Qualification Questionnaire documents are and shall remain the property of the Assembly and must be returned upon demand.

3 CLARIFICATION

Interested Companies should seek to clarify any points of doubt or difficulty in writing or by email in sufficient time to enable details to be supplied not less than 6 days before the date of the return of documents.

Any such approach should be made to:

Peter Williams
Policy Adviser
East Midlands Regional Assembly
First Floor Suite
Council Offices
Nottingham Road
Melton Mowbray
Leicestershire
LE13 0UL
Email: peter.williams@emra.gov.uk

Information provided will at all times be given in good faith. The Assembly will use its best endeavours to ensure that any information given is accurate and complete, but will not be liable for any misstatement or misrepresentation made except where such misrepresentation shall be made otherwise than in good faith.

4 SHORTLIST

The Assembly is not bound to shortlist any company who completes a Pre-Qualification Questionnaire.

5 NON-UK FIRMS

Non-UK based firms should attempt to answer each of the following questions, substituting where relevant the appropriate legislation or codes of practice etc which are applicable within their domestic jurisdiction. Copies of any relevant United Kingdom legislation mentioned in this questionnaire may be obtained from:

PO Box 29
St Crispins House
Duke Street
Norwich NR3 1RD

6 TEXT BOX SIZES

You may increase the text box sizes within this document should your complete response exceed the space provided.

7 RETURN OF DOCUMENTS

Interested Companies should complete the forms incorporated herein. The completed documents must be sealed in an envelope or package and returned to:

XXXXXXXXXX
East Midlands Regional Assembly
First Floor Suite
Council Offices
Nottingham Road
Melton Mowbray
Leicestershire
LE13 0UL

no later than **XXXXXXXXX**. Any Pre-Qualification Questionnaire received after this time may not be considered. The envelope or package should bear the following words in the top left hand corner:

PQQ for EMRA
Due by noon on XXXXXXXXXXXX

In addition to one paper copy of the PQQ documentation you should include an electronic version, based in Microsoft Word or Excel, within your PQQ return envelope.

2 – QUESTIONS / RESPONSES**SECTION A Company Details**

A-1 Company Name

A-2 Registered Office

A-3 Specify nature of organisation
eg partnership, plc, private company.A-4 Please state the Company's date of
registration.A-5 Please state the registration number
under the Companies Act 1985.A-6 If the Company is a member of a
group of companies, give the name
and address of the ultimate holding
Company.A-7 Please state your VAT registration
number.

A-8 Please give a brief history of the company and its evolution.

A-9 Please give a brief description of the organisation's primary business, diversification and main products or services.

SECTION B Directors

B-1 Have any of the Directors, Partners, or Associates been involved in any company which has been liquidated or gone into receivership?

YES/NO

If YES, please detail under separate attachment.

B-2 Are any of the Directors, Partners, or Associates currently employed or were employed by the Assembly?

YES/NO

If YES, please detail under separate attachment.

B-3 Do any of the Directors, Partners or Associates of the Company have any involvement in other Companies who provide services to the Assembly?

YES/NO

If YES, please detail under separate attachment.

SECTION C Financial

C-1 Please state the name of the person responsible for financial matters.

C-2 Please state the name and address of your banker.

C-3 Please supply copies of your latest accounts and note that independent financial references may be sought.

SECTION D Insurances

D-1 Please state details of the **EMPLOYERS LIABILITY INSURANCE** held.

Insurer

Policy number

Extent of cover

Expiry date

D-2 Please state details of **PUBLIC LIABILITY INSURANCE** held.

Insurer

Policy number

Extent of cover

Expiry date

D-3 Please state details of **PROFESSIONAL INDEMNITY INSURANCE** held.

Insurer

Policy number

Extent of cover

Expiry date

SECTION E Litigation/Damages/Claims/Terminations

E-1 Are there any outstanding claims or litigation against the Company?

If YES please detail under separate attachment.

YES/NO

E-2 Has your Company suffered a deduction for liquidated and ascertained damages in respect of any contract within the last 3 years?

If YES please detail under separate attachment

YES/NO

E-3 Has your Company ever had a contract terminated or withdrawn from a contract prematurely?

If YES please detail under separate attachment.

YES/NO

SECTION F Equal Opportunities

F-1 Is it your policy to comply with your statutory obligations under the Race Relations Act 1976 and accordingly, not to treat one group of people less favourably than others because of their colour, race, nationality, or ethnic origins in relation to decisions to recruit, train or promote employees?

YES/NO

F-2 In the last three years, has any finding of unlawful racial discrimination been made against your Company by any court or industrial tribunal?

YES/NO

F-3 In the last three years, has your Company been the subject of formal investigation by the Commission for Racial Equality on grounds of alleged unlawful discrimination?

YES/NO

F-4 If the answer to F2 is in the affirmative, or in relation to F3 the Commission make a finding adverse to your Company, what steps did you take in consequence of that finding?

F-5 Is your policy on race relations set out:

(a) in instructions to those concerned with recruitment training and promotion?

YES/NO

(b) in documents available to employees, recognised trade unions or other representative groups of employees?

YES/NO

(c) in recruitment advertisement or other literature?

YES/NO

Please give examples of the instructions, documents, recruitment advertisements or other literature.

F-6 Do you observe as far as possible the Commission for Racial Equality's Code of Practice for Employment, as approved by Parliament in 1983, which gives practical guidance to employers and others on the elimination of racial discrimination and the promotion of equality of opportunity in employment, including the steps that can be taken to encourage members of the ethnic minorities to apply for jobs or take up training opportunities?

YES/NO

SECTION G Health & Safety

G-1 In the last five years, have any prosecutions, prohibition or improvement notices been taken out against the Company by the Health & Safety Executive or other public body?

YES/NO

If YES, please detail under separate attachment.

G-2 Does the Company have a Health & Safety Policy?

YES/NO

If YES please detail under separate attachment

G-3 Please describe how you implement this policy in relation to work at a customer's site.

G-4 Do you operate a formal safety system (eg safety audits), and if so please give brief details.

G-5 How do you assess the arrangements of sub-contractors for their compliance with Health and Safety at Work Act etc?

G-6 Does your Company agree to be bound in its Agreement with the Assembly to any Health and Safety rules and procedures or codes of practice for the time being in force?

YES/NO

G-7 Please provide information and/or statistics on your health and safety record over the last three years.

SECTION

H-1 Please state the Company names, site address, telephone and contact names of referees from whom references may be sought.

Please indicate if you require the initial contact to be made by your company.

Contact Name Position in Company	Company name and full postal address Telephone Number Fax Number (if available)	Initial Contact by us (YES/NO)?

H-2 Is the Company a member of any trade or consumer organisations?

If YES, please give details.

YES/NO

SECTION I Sustainability/Environmental/Community

The Assembly is committed to ensuring that all goods, services and works purchased have, where possible, the least environmentally damaging effects during all stages of their life (ie. from creation, through use, to disposal).

I-1 Does the Company have an Environmental Policy?

YES/NO

If YES, please include under separate attachment.

I-2 Please indicate examples of actions that your organisation undertakes in its commitment to the environment which relate directly to the provision of the requirement described in the Specification. This can take the form of, for example:

- achievement of recognition or awards (eg ECO Labels);
- monitoring and minimising pollution (eg CFCs, CO₂ emissions);
- waste and recycling schemes, reduction in packaging;
- use of renewable natural products;
- energy and natural resource minimisation;
- environmental audits carried out.

I-3 Please identify any benefits that you will be able to contribute to the local community resulting from the provision of this contract.

SECTION J Customer Care

J-1 Please provide details of your organisation's customer care policy or standards.

J-2 Please give details of the methods developed by your company in obtaining views of customer satisfaction with service delivery.

SECTION K

K-1. Is the organisation accredited to any

YES/NO

quality standards, such as ISO 9002 or equivalent standard?

If YES, please give details, including registration number.

K-2 Does the Company have a documented Quality Management System?

YES/NO

K-3 Does a Quality Manual exist?

YES/NO

Please note evidence of the quality manual and systems will be required on any site reference visit.

SECTION L Personnel

L-1 Is the company accredited for Investors in People or an equivalent scheme?

YES/NO

L-2 If L1 is YES, please give details, including the date when this was awarded.

L-3 How many people work for the company (not the group)?

L-4 Please itemise the answer in L-3 by principal function eg sales/finance.

L-5

L-6 Do you operate a formal training/skills update policy? YES/NO

If YES, please detail this policy on a separate attachment

L-7 Where would the staff normally engaged in providing the services be located?

L-8 What contingency arrangements would there be for occasions where the staff normally employed in providing the services were not available?

L-9 Please detail your policy with regard to full time employees/part-time employees/temporary or agency staff and/or sub-contractors.

L-10 Please give the ratios of full time to part time employees to temporary to sub-contractors that you have used over the last six months.

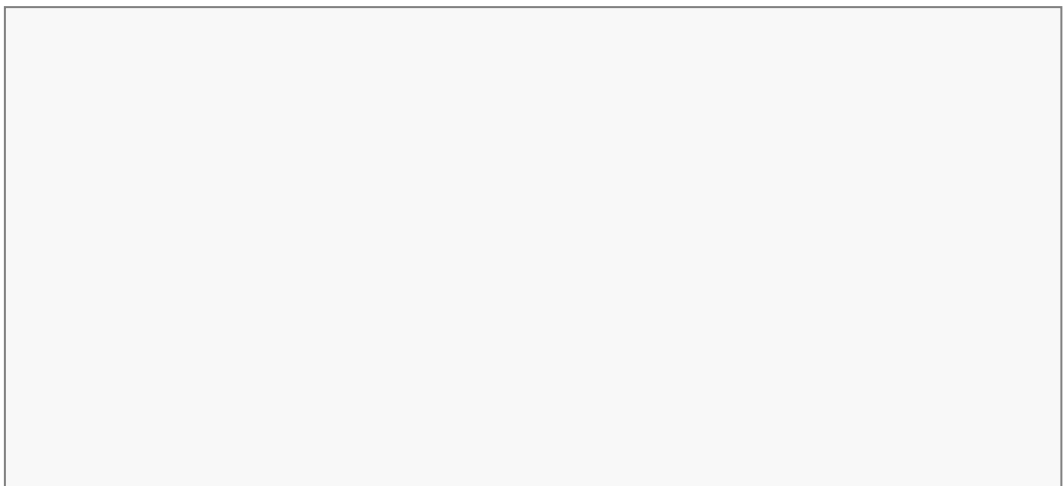
SECTION M Work Areas

M-1 Please indicate which areas of the Assembly work you wish to be considered for

Spatial Planning, Policy & Scrutiny	
	Please tick ✓
Housing	
Scrutiny and Economic Development	
Environment, Minerals and Waste	
Transport	
Spatial Planning – General	
Spatial Monitoring	

SECTION N Other Relevant Information

N-1 Please indicate here any other information which you consider may be relevant to support your submission.

A large, empty rectangular box with a thin black border, intended for the respondent to provide additional information relevant to their submission.

3 – CHECKLIST

Please complete the following checklist to ensure you have included the necessary attachments.

Question	Information Required	Included Yes/No	Your reference if appropriate
B-1	Liquidation or receivership		
B-2	Current or past employment by this Assembly		
B-3	Involvement in other companies who provide services to this Assembly		
C-3	Latest Accounts		
D-1	Employers Liability Insurance		
D-2	Public Liability Insurance		
D-3	Professional Indemnity Insurance		
E-1	Details of outstanding claims or litigation		
E-2	Details of liquidated damages suffered		
E-3	Details of contract termination		
F-5	Examples of Equal Opportunity policy, documents and literature		
G-1	Details of any Health and Safety prosecutions, prohibitions or improvement notices		
G-2	Health and Safety policy		
I-1	Sustainability/Environmental Policy		
I-2	Examples of Sustainability		
J-1	Customer Care Policy		
L-5	Training/Skills Policy		

4 - CERTIFICATION

To the East Midlands Regional Assembly

I/we the undersigned DO HEREBY WARRANT that the information provided in this document and supporting evidence is accurate to the best of my knowledge and agree that such information will form part of any subsequent terms and conditions.

Signature
Duly authorised agent of the Company

Name
Please print

Position held

Address
of Company
.....
.....
.....

Dated

It must be clearly shown whether the Organisation is a Limited Company, Corporation, Partnership, or Single Individual, trading in his own or another name, and also if the person signing is not the actual tenderer, capacity in which he signs or is employed.

5 - CONTACT INFORMATION

Name of person to whom any queries relating to this document should be addressed

Telephone

Fax

Email

Organisation Name

Address