

Approved Consultant/Subcontractor/Supplier Status

GUIDANCE NOTES FOR COMPLETING THIS FORM

Please complete as many questions as possible in the spaces provided.

Suppliers should complete all Sections

Subcontractors should complete all Sections **including** Section 12, where materials are being supplied otherwise excluding section 12. If

Subcontractors have a design input they should also complete Section 13

Consultants (Designers, Professionals and Service Providers) should complete all Sections **excluding** Section 12 and 13 where they are not supplying materials or have no design input.

Please indicate for each Section, by marking the appropriate tick box, if further information has been provided due to lack of space on form.

Confidentiality

All communications between the applicant and City & Country in connection with this application will be treated as confidential unless otherwise advised in writing by us. City & Country, its employees and its professional advisors will treat all communications from the applicant in strict commercial confidence and circulation of all communication from the applicant in connection with this questionnaire will be strictly controlled.

Section 1 – General Applicant Information

tick where further information provided

Company/Applicant Name (supply Trading Name, if different)					
Registered Address					
Telephone		Fax		Website	
Nature of Business, including any areas of specialism					
Geographical Operating Area					
What is the Company status? further information provided <input type="checkbox"/>	PLC <input type="checkbox"/>	Ltd Co <input type="checkbox"/>	LLP <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/>
	<input type="checkbox"/>	Unlimited Company <input type="checkbox"/>	Other <input type="checkbox"/>	If Other give details	

If relevant, please supply a copy of the Certificate of Incorporation etc.

Section 2 Personnel Details

tick where further information provided

List Company Directors' Names or where Partnership, list Partners' Names and as much further relevant information as possible

Name	Position	Email	Professional Qualifications	Years in Position	CV Yes/No

List Details of Key Management to be involved with Project work and as much further relevant information as possible

Name	Position	Email	Professional Qualifications	Years in Position	CV Yes/No

Number of Employees PAYE

Number of Employees Self-employed

Section 3 Financial

tick where further information provided

Company Registration No		VAT Reg. No	
NI No (if not Ltd. Co.)		UTR No	
BACS Payment Details		Account No	
Sort Code (00-00-00)		Account Name	
Value of Contracts Undertaken:	Minimum £	Maximum £	
Member of a Group of Companies?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	If Yes, state Group name and attach Organogram	Organogram attached <input type="checkbox"/>

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	Latest Year (£)	Previous Year (£)	3 years ago (£)	
Year				
Applicant Turnover:				
Applicant Profit:				
Applicant Balance Sheet Value:				
Group Turnover:				
Group Profit:				
Group Balance Sheet Value:				
Has the applicant met the terms of its banking facilities and loan agreements (if any) during the past year?			Yes <input type="checkbox"/> / No <input type="checkbox"/>	
If "No" what were the reasons, and what actions have been taken to address this?				
Has the applicant met all its obligations to pay its creditors and staff during the past year?			Yes <input type="checkbox"/> / No <input type="checkbox"/>	
If "No" please explain why not:				
What are the name, branch and contact details of the applicant's bankers (who could provide a reference)?				
If asked, would the applicant be able to provide anyone of the following?			Yes <input type="checkbox"/> / No <input type="checkbox"/>	
<ul style="list-style-type: none"> • Copies of the applicant's most recent audited accounts (for the last three years) • A statement of the applicant's turnover, profit and loss account and cash flow for the most recent year of trading • A statement of the applicant's cash flow forecast for the current year • A bank letter outlining the current cash and credit position 				
If no, why not?				
Section 4 Insurance tick where further information provided <input type="checkbox"/>				
	Public Liability / Third Party	Employers Liability	Professional Indemnity	Product Liability
Insurers' Name				
Policy Number				
Renewal Date				
Amount Insured				
Limit on any One Occurrence				
Has the applicant been refused insurance cover on any of the above?		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Has the applicant any pending claims?	
			Yes <input type="checkbox"/> / No <input type="checkbox"/>	
If yes, insert any details of reasons for refusal and/or any claims pending				
Please supply copies of relevant insurance certificates/cover notes				
Section 5 The Applicant's Policies (please attach copies with the return) tick where further information provided <input type="checkbox"/>				
Health & Safety Policy <input type="checkbox"/> Environmental Policy <input type="checkbox"/> Equal Opportunities Policy <input type="checkbox"/> Waste Reduction Policy <input type="checkbox"/> Modern Slavery Policy <input type="checkbox"/>				
Section 6 Health & Safety, Trade and Industry Accreditations (provide a copy of the applicant's certificate/s or registration number/s)				
Acclaim <input type="checkbox"/>	ISO 9001 Quality Standard <input type="checkbox"/>	Investors in People <input type="checkbox"/>	BS 18001 Health and Safety Standard <input type="checkbox"/>	
EXOR <input type="checkbox"/>	Constructionline <input type="checkbox"/>	SAFEcontractor <input type="checkbox"/>	ISO 14001 Environmental Standard <input type="checkbox"/>	
Contractors Health and Safety Assessment Scheme (CHAS) <input type="checkbox"/>		Safety Schemes in Procurement <input type="checkbox"/>	Other (list below) <input type="checkbox"/>	
List all relevant Others and provide copies of accreditation certificates or registration numbers for all including those listed above.				

Pre-Qualification & Competence Questionnaire

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Section 7 Company Trade & Professional Memberships

tick where further information provided

List all relevant to the work that the applicant wishes to undertake and provide copies of accreditation certificates or registration numbers for all

Section 8 High Quality Standards

tick where further information provided

1. Provide a short statement with reasons that demonstrate what quality standards that the applicant has achieved and why the applicant believes the proposed work suits the applicant's skills, competency and experience?

2. What arrangements will the applicant put in place to manage the work on site effectively? For example, who will be responsible, how will the work be supervised, what checks does the applicant make on standards of work achieved, equipment and materials etc.?

3. List below the best examples of the applicant's work that compares to the work the applicant wishes to carry out for City & Country? Please include details below and include pictures wherever possible.

Project Name	Description of Project	Value	Developer/Contractor's contact details	Pictures
				Yes <input type="checkbox"/> / No <input type="checkbox"/>
				Yes <input type="checkbox"/> / No <input type="checkbox"/>
				Yes <input type="checkbox"/> / No <input type="checkbox"/>

4. List details of any relevant awards won that demonstrate the applicant's high quality standards of workmanship/professionalism etc.

Section 9 Cost & Programme Management

tick where further information provided

1. How does the applicant control their costs to provide the client with best value?

2. How does the applicant ensure that the applicant achieves the client's Programme dates and key milestones?

3. In the last year how many extension of time applications has the applicant made?

4. In the last year how many projects that the applicant has worked/is working on were behind the client's Programme dates?

5. How many of these does the applicant consider to be their own responsibility?

6. What steps has the applicant taken/is taking to mitigate the delay for the client?

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Section 10 Additional Questions	tick where further information provided <input type="checkbox"/>
1. Has the applicant worked for City & Country previously? If so, please list the last three jobs	
2. Has the applicant worked with any of the City & Country team previously? If so, please list their names and the projects?	
3. Note: It is City & Country's Policy not to allow subletting, unless City & Country is made aware before the Order is placed and the contractor/company has been approved by City & Country, in order to maintain standards and manage competency, Where subletting has been approved, details of assessment of competence of those approved Subcontractors will also be required. Does the applicant regularly sublet work and if so what elements and how long have these relationships been established?	
4. Please list all dispute resolution proceedings that the applicant has been involved in during the last 3 years and who instigated those proceedings?	
Proceedings	Instigator
5. Please list all litigation proceedings that the applicant has been involved in during the last 3 years and who instigated those proceedings?	
Proceedings	Instigator
6. If any, what qualifications, skills and experience does the applicant have in this type of work that the applicant has not already included in this application?	
6. Has the applicant ever been fined or prosecuted for polluting the environment or for environmental nuisance	
Yes <input type="checkbox"/> / No <input type="checkbox"/>	
If the answer to either the questions above was yes please list below full details	
7. Provide details of any Industrial Tribunal Judgements?	
8. Do any of the following apply to the applicant, or to (any of) the director(s) / partners / proprietor(s)?	
<ul style="list-style-type: none"> • Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings • Has been convicted of a criminal offence related to business or professional conduct • Has committed an act of grave misconduct in the course of business • Has not fulfilled obligations related to payment of social security contributions • Has not fulfilled obligations related to payment of taxes • Is guilty of serious misrepresentation in supplying information • Is not in possession of relevant licences or membership of an appropriate organisation where required by law 	
If "Yes" to any of the above, please give brief details to explain why and any actions that have been taken since to resolve matters	

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9. Does the company provide an out of hours service? Yes / No

If yes, how?

Section 11 Health & Safety tick where further information provided

Please ensure the applicant provides a copy of their Health & Safety Policy together with details of how Health & Safety is managed on a day-to-day basis. This should include details of arrangements and procedures for monitoring, audit and review of Health & Safety performance, worker involvement and consultation, accident reporting, hazard identification, Risk Assessment and production of Method Statements, co-operation and co-ordination of works with other contractors/subcontractors and welfare arrangements.

Note: It is City & Country's Policy not to allow subletting, unless City & Country is made aware **before** the Order is placed and the contractor/company has been approved by City & Country, Where subletting has been approved, details of assessment of competence of those approved Subcontractors must also be included.

Please provide details of the applicant's Health & Safety Advisor, including competency and experience.

Please provide details of the applicant's directly employed Directors/Managers with responsibility for ensuring Health & Safety standards and requirements are met within the applicant's organisation. For Health & Safety Qualifications please provide copies of certificates.

Name	Position	Health & Safety Qualifications	Years in Position	CV Yes/No
				Yes <input type="checkbox"/> / No <input type="checkbox"/>
				Yes <input type="checkbox"/> / No <input type="checkbox"/>
				Yes <input type="checkbox"/> / No <input type="checkbox"/>

Please provide an organisation chart illustrating Health & Safety duty holders. **Yes/No**

What checks does the applicant undertake and what initial/refresher training and Tool Box Talks do their employees receive to ensure they are qualified to safely carry out the work they are required to undertake?

Please state the percentage of the applicant's workforce that has holds a CSCS Card, or equivalent relevant to their position and work? %

Please state the percentage of the applicant's workforce that holds a current UKATA Asbestos Awareness certificates or equivalent? %

Provide a summary of the applicant's Health & Safety record over the past 3 years, including details of any notifiable accidents, prosecutions or notices issued by the HSE that have occurred during this period as set out in the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) 1995. Where the applicant has indicated a RIDDOR reportable incident or HSE notice/prosecution, please provide details including actions taken to prevent further occurrences. Numbers should include staff, direct employees **and** subcontractors.

Statistics	Year	Year	Year	Comments
Prohibition or Improvement Notices				
Prosecutions				
Fatalities				
Major Injuries				
Over 7 Day Injuries				
Dangerous Occurrences				
Reportable Diseases				
Accident Incident Rate (AIR) ¹				

¹ Average number of employees, including subcontractors, divided by number of reportable incidents, multiplied by 100,000.

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Section 12 Material Suppliers	tick where further information provided <input type="checkbox"/>
For Subcontractors wishing to supply materials that are not manufactured by them or do not have sole distribution rights to please answer questions 4-7 only for all materials the applicant wishes to supply	
1. What Products if any does the applicant manufacture? List below	
2. What is the annual / monthly / daily* capacity of manufacturing facilities? *delete as appropriate	
3. What branded Products does the applicant sole distribution rights to? List below	
4. Do all of the applicant's products complying with the relevant British/European Standards.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5. Has the applicant's range of products been rated according to the BRE Green Guide specifications?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If yes please give details	
6. Does the applicant comply with the REACH regulations?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
7. How does the company demonstrate that the product has achieved the correct standard of quality?	
Section 13 Designers	tick where further information provided <input type="checkbox"/>
1. Has the Applicant (those with a design input) read City & Country's example form of collateral warranties e.g. Funder or Purchaser/Tenant as published on City & Country's website and the form of the warranties, which are industry standard based documents, applicable to the applicant's works is acceptable?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If No, what alterations if any would be required to make them acceptable?	
2. Is the Applicant (those with a design input) content to address or re-address their reports jointly to the Company and subsequent Funders and/or sign a Letter of Reliance as per an example published on the City & Country website?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If No, what alterations if any would be required to make it acceptable?	
Section 13 Referees	tick where further information provided <input type="checkbox"/>
1. Give three suitable Referees, to cover all areas of interest that have been covered above especially with regards to Health & Safety, with contact details from whom the applicant would be happy for City & Country to take up references and the length of business relationship.	
Section 14 Documentation Checklist	tick where further information provided <input type="checkbox"/>

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Copies of the following document / information must be attached where appropriate (please tick the boxes as a checklist)		
Details of Incorporation <input type="checkbox"/>	Parent Company Details (if any) <input type="checkbox"/>	Directors' CV's <input type="checkbox"/>
Key Management's CV's <input type="checkbox"/>	3 years of audited accounts <input type="checkbox"/>	Cash flow statement <input type="checkbox"/>
Bank letter of current cash and credit position <input type="checkbox"/>	Statement for most recent year's trading <input type="checkbox"/>	Insurance certificates/cover notes <input type="checkbox"/>
Health & Safety Policy <input type="checkbox"/>	Environmental Policy <input type="checkbox"/>	Equal Opportunities Policy <input type="checkbox"/>
ISO 9001 Quality Standard <input type="checkbox"/>	Investors in People <input type="checkbox"/>	Waste Reduction Policy <input type="checkbox"/>
Contractors Health and Safety Assessment Scheme (CHAS) <input type="checkbox"/>	Acclaim <input type="checkbox"/>	Constructionline <input type="checkbox"/>
Special Trade Certificates / Licenses (e.g. Corgi, NIC/EIC, NALOSS, etc...) <input type="checkbox"/>	EXOR <input type="checkbox"/>	Safety Schemes in Procurement <input type="checkbox"/>
BS 18001 Health and Safety Standard <input type="checkbox"/>	ISO 14001 Environmental Standard <input type="checkbox"/>	SAFEcontractor <input type="checkbox"/>
Trade Association / Union Membership <input type="checkbox"/>	Examples of work pictures <input type="checkbox"/>	Health & Safety Organisation Chart <input type="checkbox"/>
Management Health & Safety Qualifications certificates <input type="checkbox"/>	Director Health & Safety Qualifications certificates <input type="checkbox"/>	
Section 15 Declaration	tick where further information provided <input type="checkbox"/>	
Declaration: I hereby confirm that the information given in this questionnaire is true and accurate.		
Signed on behalf of the Consultant/Subcontractor/Supplier		Date
Print Name:		Position
Internal Use Only – City & Country Application Approvals		
The above is a New Application <input type="checkbox"/> Renewal <input type="checkbox"/>		
I confirm that references and documents provided have been checked by me and I propose that the above applicant be treated as an approved Consultant/Subcontractor/Supplier.		Date
Signed	Print Name:	
Position		
I have checked the assessment carried out by the above named persons approval and agree		
Signed	Print Name:	
Commercial Manager/Design & Planning Director/Managing Director		
City & Country Health & Safety Director Approval . This questionnaire is valid for a period of 2 years from the approval date below		
Signed on behalf of the City & Country		Date