

**Application for Inclusion on
Cinderford Town Council
Local Contractor List**

Please return to:

**Emma Bennett (Clerk)
Cinderford Town Council
Belle Vue Centre
Belle Vue Road
Cinderford
GL14 2AB**

Email: clerk@cinderfordtowncouncil.gov.uk

Section A:

Name of Applicant: <i>(please insert)</i>	
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This document must be completed in its entirety.

Section B:

Applicant Organisation Details

The questions in this section are designed to ensure that the Contracting Authority know exactly with whom they may be entering into a contract

B1	Details of Applicant	
1.1	Details of contracting organisation	
	State if sole trader, partnership, private limited company, public limited company or if other, please specify	
	Registered name	
	Registered office	
	Registration number	
1.2	VAT Registration	
	VAT Registration number	
1.3	Contact details of individual completing this application with whom we may correspond	
	Name	
	Firm	
	Position in firm	
	Telephone number	
	E-mail address	
	Address for correspondence	

B2	Company Background	
2.1	Ownership structure Please provide a one-page chart illustrating the ownership structure of the Potential Provider including relations to any parent or other group or holding companies.	
	Attached?	Yes/No
	Full legal name and address of Parent Company if applicable:	
	Registered name	
	Registered office	
	Registration number	
2.3	Full legal name and address of (ultimate) Parent Company if applicable:	
	Registered name	
	Registered office	
	Registration number	
2.4	Parent Company Guarantee	
	If the applicant is a subsidiary, please confirm that Group or the Ultimate Holding Company would be prepared to guarantee the firm's contract performance as its subsidiary.	Yes/No
B3	Formal Accreditation	
3.1	Please enclosed details of any accreditations and/or Association standards your company holds	
	Attached?	Yes/No

Section C: Financial & Insurance Information

C1	Insurance Details	
1.1	Public Liability Insurance	
	Please confirm that you hold a minimum of £5,000,000 Public Liability Insurance on a per occurrence/event basis.	Yes/No
	Insurance Company	
	Date policy taken out	
	Expiry date of the policy	
	Policy number/reference	
	Conditions/Exceptions that apply to the policy	
	Copy of Public Liability Insurance certificate enclosed	Yes/No
1.2	Employer's Liability Insurance	
	Please confirm that you hold a minimum of £5,000,000 Employer's Liability Insurance on a per occurrence/event basis.	Yes/No
	Name of Insurance Company	
	Date policy taken out	
	Expiry date of the policy	
	Policy number/reference	
	Conditions/Exceptions that apply to the policy	
	Copy of Employer's Liability Insurance certificate and schedule enclosed	Yes/No

C2.	Financial Details				
2.1	Accounts				
	Please provide details of Annual Turnover and Profit or (Loss) in the last 3 years.				
	Accounting Year ending	Turnover	Gross Profit (Loss)	Net Surplus (Deficit)	Net Assets
	y/e 31.03.24				
	y/e 31.03.23				
	y/e 31.03.22				
y/e 31.02.21					

Section D:
Claims & Contract Terminations/Deductions

D1	Outstanding Claims / County Court Judgements	
1.1	Do you have any outstanding claims, litigations or judgements against your organisation?	Yes/No
1.2	If YES please provide further details.	
	Response:	

D2	Contract Terminations/Deductions	
2.1	Please give details of all similar contracts in the last 3 years which have been terminated early giving the name of the client company/authority, the date of termination and the reasons for termination.	
	Response:	

Section E: Health & Safety and Equal Opportunities

E1	Health & Safety at Work	
1.1	Does your organisation have a formal health and safety policy or statement?	Yes/No
	Please enclose a copy (this will be evaluated)	Yes/No
1.2	Do you currently hold any of the following, 1. external health and safety accreditations, such as CHAS (Contractors Health and Safety Assessment Scheme), or EU equivalent	Yes/No
1.3	If YES to 1.2 please supply the following details as well as a copy of any certificates.	
	Accrediting Organisation:	
	Reference No:	
	Date accreditation expires or is to be renewed:	
	Please enclose a copy	Copy enclosed Yes/No
1.4	Has your company been served with an enforcement notice or been prosecuted in the past 3 years for breaches of health and safety legislation?	Yes/No
1.5	If YES to 1.5 please give details of the prosecution or notice (and what measures you have taken to ensure the issue(s) will not re-occur).	
	Response:	
1.6	Do you routinely carry out Risk Assessments?	Yes/No
1.7	If YES to 1.6 please state what will be assessed for this project. (At certain times, the Contracting Authority may request copies of risk assessments, safe working procedure, or safety method statements.)	
	Response:	

1.9	Does your company monitor:			
	(a) Accidents	Yes/No		
	(b) Ill health caused by work	Yes/No		
	(c) Health & Safety Performance	Yes/No		
1.10	Please state how many accidents have been reported to your Enforcing Authority under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) (or EU equivalent) in the last 3 years for employees, sub-contractors (SC) and members of the public (MoP).			
		E	SC	MoP
	Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019			
	Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020			
	Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021			
	Total number of accidents reported under RIDDOR in 3 years			
	Please indicate your Accident Incident Rate (AIR) for the following periods:			
	AIR = $\frac{\text{Number of Employee Accidents multiplied by 1000}}{\text{Divided by the Number of Employees}}$			
	1 April 2018 to 31 March 2019			
	1 April 2019 to 31 March 2020			
1 April 2020 to 31 March 2021				
1.11	Do you use key sub contractors to undertake work on contracts of this nature?	Yes/No		
1.12	If YES to 1.11 please give details of who your key sub contractors are and what work areas they deliver and how do you ensure they are competent.			
	Response:			

Section F: **Climate Change**

The council declared a climate emergency and has resolved to being carbon neutral by 2030. The council is keen to understand how its contractors will help deliver this objective.

F1	Carbon Efficiency Max 500 words for section F1.1 & F2.1
1.1	What is your company's approach to being more carbon efficient and how does this impact on you running your business.
	Response:

**Section G:
Field of Work**

Please tick below the field your specialism fits into. Please add your specialism to the list if it is not included.

Arboriculture		Asbestos Removal	
Grounds Maintenance		Other.....	
Supply of Machinery			
Hire of Machinery			
Servicing of Machinery			
Supply of Vehicles			
Hire of Vehicles			
Servicing of Equipment			
Electrical Contracting			
Plumbing & Gas Fitting			
Decorating			
Building			
Carpentry			
Professional Services			
Marketing & PR			
Website/Social Media			
Catering			
Street Lighting			
Sport & Play			
Insurance			
Stationery Supplies			
Highway/Footpath Works			
Planning			
Clothing Supplies			
PPE Supplies			
Printing			
CCTV			
Radio/Telephony			
Engineering			
Fuel/Oils			
Power			
Glazing			
Vehicle Accident Damage Repair			
Drainage + Jetting			
IT Equipment			

SECTION H:
Contract Specific Questions

G1	Contract Experience Max 500 words for each section
1.1	Please provide evidence to support your experience in working with a similar public body to the Town Council. Response:
1.2	Please provide detail of how you would client any arrangements with the Town Council Response:
1.3	Please provide details of how you would address customer service and public engagement Response:
1.4	Please describe your organisation's typical arrangements for effective management of Health & Safety Response:

Section I:
Contact Information Retention

Please provide details of contact information to be held on file to be used should requests for work be given

Name	
Position	
Email Address	
Telephone:	
Address	

I agree that I have read and understand Cinderford Town Council's Privacy Notice:

I agree by signing below that the Council may process my personal details for providing correspondence, information and public announcements

Declaration

I understand that the responses I have given are to be used as a basis for the development of a local framework list for Cinderford Town Council verify that all the information provided is true and accurate.

Signed Name

Designation Date

Organisation

Appendix A

**TABLE 1
REFERENCE CONTRACTS**

Contract Details	Contract				
	1	2	3	4	5
Name of client authority/company and contact details					
Scope of works and services					
Contract value (£)					
Contract length (weeks)					