Supplier Questionnaire

Due Diligence and Technical Questionnaire – Tender Response

**UTN 7:**

The Journey to Outstanding – Training for Liverpool City Region Learning Providers

**Instructions:**

Before you complete this tender response document, you should familiarise yourself with the corresponding Tender Opportunity documentation

**UTN 7**

**The Journey to Outstanding – Training for Liverpool City Region Learning Providers**

The deadline for completed tender responses is 5.00 PM Thursday 25th November 2021

Tender submissions received after the deadline will not be considered

All completed tender responses should be returned to [ian@gmlpf.net](mailto:ian@gmlpf.net) with **UTN 7 The Journey to Outstanding** clearly identified in the subject heading box.

Returning the Supplier Questionnaire and Tender Response

Suppliers are asked to complete and return the two sections of this document:

Section 1: Tendering Organisation – Due Diligence and Supplier Details

Section 2: Tender Responses –Technical Responses to Supplier Questionnaire

1. **Tendering Organisation - Supplier Details**

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| **1** | **Details of Organisation wishing to deliver Provider Improvement Fund Training** | | | | | | | | | | |
| 1.1 | Legal Name of Organisation: |  | | | | | | | | | |
| 1.2 | Trading Name of Organisation  (if different from above) |  | | | | | | | | | |
| 1.3 | Please provide your UK Provider Reference Number (UKPRN) if your organisation possesses one\*\* |  | | | | | | | | | |
| 1.4 | Main function of Organisation |  | | | | | | | | | |
| 1.5 | Contact Name |  | | | | | | | | | |
| 1.6 | Job Title |  | | | | | | | | | |
| 1.7 | Registered Legal Address  Post Code |  | | | | | | | | | |
| 1.8 | Telephone Number |  | | | | | | | | | |
| 1.9 | E-Mail Address |  | | | | | | | | | |
| 1.10 | Website address |  | | | | | | | | | |
| 1.11 | Company Registration Number |  | | | | | | | | | |
| 1.12 | Charities or Housing Association or other Registration Number (if applicable) & Registering Body |  | | | | | | | | | |
| 1.13 | Date of Registration |  | | | | | | | | | |
| 1.14 | Registered Company Address (if different from above) |  | | | | | | | | | |
| 1.15 | Is your Organisation : | A Public Limited Company | | | | | | | | |  |
| A Limited Company | | | | | | | | |  |
| A Limited Liability Partnership | | | | | | | | |  |
| Statutory Corporation e.g. Further Education College | | | | | | | | |  |
| Other (please specify the legal status of the organisation) | | | | | | | | |  |
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| **2** | **Insurance** | | | | | | | | | | |
| 2.1 | Please state your current level of insurance cover for the following :  **Please attach a copy of your insurance certificates when returning this form to GMLPF** | | Employers Liability | £ | | | | | | | |
| Public Liability | £ | | | | | | | |
| Professional Indemnity | £ | | | | | | | |
| Other (Please Specify) | £ | | | | | | | |
| **3** | **Background Information** | | | | | | | | | | |
| 3.1 | Please confirm what quality standards your organisation possesses ie ISO, IIP, Matrix etc | | | | | | | | | | |
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| **4** | **Contractual Compliance & GDPR**  GMLPF will be required to retain appropriate contractual documentation for a period of no less than 10 years from the end of the Provider Improvement Fund project.  This will mean that documents will need to be retained by GMLPF until 31st December 2033 | | | | | | | | | | |
| 4.1 | GDPR  Can you confirm that you are happy for GMLPF to retain and store all information provided by you on this form and any subsequent contractually required evidence? | | | | | | | | | | |
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| 4.2 | Please confirm details of your registration with the Information Commissioners Office (required when processing or intending to process personal data for education and training). Please provide your registration number | | | | | | | | | | |
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| 4.3 | Financial Compliance  Invoices to GMLPF will be paid upon successful completion of any training delivered and supporting evidence being provided and accepted. Upon successful completion of any training and all evidence being provided and checked it is our intention to pay within 14 working days.  Please confirm that your organisation is prepared to accept these terms and conditions and has the resources and capacity to manage this payment model | | | | | | | | | | |
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| **5** | **Health & Safety** | | | | | | | | | | |
| 5.1 | Does your organisation have a written Health & Safety Policy that demonstrates compliance with Health & Safety Legislation? | | | | | **Yes** | | | **No** | | |
| 5.2 | Please provide a copy of the policy | | | | |  | | | | | |
| 5.3 | In the past 5 years has your organisation been prosecuted under the Health & Safety Legislation or been served prohibition or improvement notices by an enforcing authority such as the Health & Safety Executive?  If yes please provide further details below | | | | | **Yes** | | | **No** | | |
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| 5.4 | Does your organisation have systems in place to undertake and/or monitor risk assessments at employer locations? | | | | **Yes** | | | **No** | | | |
| 5.5 | Does the Health & Safety Policy in place in your organisation make reference to and arrangements for clients / learners? | | | | **Yes** | | | **No** | | | |
| 5.6 | Please provide the name and job title/position of the person who will have responsibility for the Health & Safety of clients / learners | | | |  | | | | | | |
| **6** | **Equality & Diversity / Safeguarding** | | | | | | | | | | |
| 6.1 | Do you ensure that all staff in your organisation undertake training so that they are aware of their responsibilities under your Equality & Diversity policy and the Equality Act 2010? | | | | | | | | | | |
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| 6.2 | Do you undertake to actively promote good practice in terms of ensuring equality and eliminating discrimination in the delivery of services to businesses engaged via LCRCA by complying with the following : | | | | | | | | | | |
| a | Implementing an organisational Equality & Diversity Policy in compliance with the Equality Act 2010 | | | | | | **Yes** | | | **No** | |
| b | Providing relevant examples of the instructions, documents, recruitment advertisements or other literature with regards to the delivery of the contracted services when requested by GMLPF | | | | | | **Yes** | | | **No** | |
| c | Issuing appropriate messages to clients / learners concerning recruitment onto provision and/or training progression | | | | | | **Yes** | | | **No** | |
| d | Implementing an Anti Bullying / Harassment Policy | | | | | | **Yes** | | | **No** | |
| e | Implementing a Safeguarding Policy and procedures | | | | | | **Yes** | | | **No** | |
| 6.3 | Please state the name and position of the person who will have responsibility for E&D | | | | | |  | | | | |
| 6.4 | In the last 3 years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal or equivalent body | | | | | | **Yes** | | | **No** | |
| If **YES** what steps did your organisation take as a result of that finding? | | | | | | | | | | | |

1. **Tender Responses – Supplier Technical Responses**

Organisations are asked to respond to the following questions when tendering

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| **A** | **Understanding of Requirements** |
| 1 | **Please outline your understanding of the requirements of this tender opportunity? 200 Words** |
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| **B** | **Delivery Model** |
| 1 | **Please describe your proposed delivery model and outline the broad content of the training programme you would deliver. 300 words** |
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| **C** | **Innovation & Digital Delivery** |
| 1 | **What innovative elements do you propose to incorporate into your delivery model and how they will encourage participating learners to build up new skills and knowledge? Please also outline your experience of remote or digital delivery. 200 words** |
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| **D** | **Experience** |
| 1 | **Please outline your relevant experience of delivering similar programmes and provide details and relevant experience of the team of individuals you propose to deliver this programme.**  **Please provide CVs of Staff you propose to use in the delivery of this project and if you are using associates to deliver elements of the programme please provide copies of associate contracts (please note that no sub-contracting is permitted) 250 words**  **Please also complete the attached references form providing details of similar projects that you have delivered** |
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| **E** | **Cost** |
| 1 | Please provide a breakdown of the costs of delivering this programme indicating number of staff (detailing each member of staff) to be deployed, day rates, number of chargeable days, expenses etc. Tendering organisations are asked to cost on the basis of face to face delivery |
| **Delivery of Training**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Phase | Staff Details (No of Days per members of staff) | Day Rates (ex VAT) | Costs (ex VAT) | VAT | Total Costs (inc VAT) | | Pre-Learning Programme Input |  |  |  |  |  | | Delivery of Learning Programme |  |  |  |  |  | | Expenses / Miscellaneous Costs |  |  |  |  |  | |  | | Total Costs |  |  | **£** |   Please indicate if there are any cost savings to be achieved if the programme is required to be delivered virtually | |

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| **DECLARATIONS** | | |
| **By submitting this document electronically I/We certify that the information supplied within this questionnaire is accurate to the best of my/our knowledge.**  **I/We understand that false information could result in my/our exclusion from this and future exercises.**  **I/We understand that documentation to support Tendering, Learner Participation and Achievement etc must be retained for a period of 10 years from the completion of the project.**  **I / We accept the terms and conditions associated with this Tender Opportunity and can commit to the terms and conditions and that the costs indicated will remain valid for 60 days from point of submission.**  **I / We accept the terms and conditions associated with the use of associates and recognise the restrictions on use of sub-contracting** | | |
| **I/We confirm that all Policies / Documents referred to in this Tender Response**  **can be provided to Greater Merseyside Learning Providers’ Federation upon request** | | |
| **Please enter the name of the person and contact number confirming the above declarations, and the date of the confirmation.** | | |
| 1 | **Name** |  |
| 2 | **Signature (wet or electronic signature)** |  |
| 3 | **Position (Job Title)** |  |
| 4 | **Date** |  |
| 5 | **Telephone number** |  |
| 6 | **Email address** |  |