Sub-Contractor Pre-Qualification Questionnaire

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| Purpose of the Application |
| To assess the suitability of the organisation’s health & safety, technical, commercial and financial capabilities and determine whether the required minimum qualification criteria is met. Housing Maintenance Solutions aims to ensure that invoices are processed effectively. To facilitate this, please ensure that valid and correct invoices, identifying the appropriate Purchase Order Number, company registration, company VAT number, delivery address and delivery date, are submitted. Invalid or incorrect invoices will be returned for correction and resubmission.  It is imperative that suppliers must not act upon any request for supplies, services or works, from Housing Maintenance Solutions without a properly authorised Purchase Order. Any supplier who acts on requests that have not been properly authorised will not be paid for those goods, works and/or service.  Housing Maintenance Solutions will ensure that your invoice is paid on the due date, and that any queries are dealt with in a timely and efficient manner. Ultimately, we are committed to ensuring that all our dealings with suppliers, from selection and consultation, to recognition and payment, are conducted in accordance with the principles of fair and ethical trading. |

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| Paperwork Checklist |
| We have provided this checklist as part of the Pre-Qualification Questionnaire to ensure all the mandatory paperwork is included and sent to HMS along with this document. Please use the Check boxes as a tool to ensure the following documents are attached upon completion.   |  |  | | --- | --- | | Mandatory Information | Yes / No / N. A | | Public Liability Insurance |  | | Employee Liability Insurance |  | | SSIP Certification or Equivalent (CHAS, SSIP, OHSAS 18001, Safe Contractor) |  | | Proof of Bank Details (scan of cheque or bank statement) |  | | Health & Safety Policy |  | | Health & Safety Questionnaire |  | |  | | | Company Certification Applicable to works undertaken | | | NICEIC |  | | GAS Safe |  | | Waste Carriers Licence |  | | FENSA |  | | Quality Management System Accreditation |  | | Other (please give details) |  | |

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| Section 1 – Company Information | | | | |
| Company Name: | Click or tap here to enter text. | | | |
| Company Registration: | Click or tap here | | Vat Registration: | Click or tap |
| Ordering Address: | Click or tap here to enter text. | | Remittance Address: | Click or tap here to enter text. |
| Contact Name: | Click or tap here to enter text. | | Telephone Number: | Click or tap here to enter text. |
| CIS Registration No: | Click or tap here to enter text. | | CIS % Classification: | Click or tap here to enter text. |
| Ordering Email Address: | Click or tap here to enter text. | | Remittance Email Address: | Click or tap here to enter text. |
| Please tick if you are unable to receive email orders: | |  | Nature of Business: | Click or tap here to enter text. |

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| Section 2 – Bank Details | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Bank: | | Click or tap here to enter text. | | | Bank Sort Code: | |  | | |  | | **-** | | |  | |  | | | **-** | | |  | | |  | |
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| Address of Bank: | | Click or tap here to enter text. | | | Account Number: | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | |
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| Building Society No: | |  | |  | |  | |  |  | |  | |  |  | |  | | |  |  | |  |
| Signature: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employees HMS can accept changes from: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
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| If your company/Individual is registered under the CIS (Construction Industry Scheme) please tick the box and provide the following information: | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Name of Authorised User: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Acting for: | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UTR Number: | Click or tap here to enter text. | | | National Insurance No: | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |

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| Section 3 – Health & Safety |
| The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety Regulations 1999, places responsibilities on HMS Ltd to ensure contractors and consultants whether engaged or not on construction/maintenance work perform their duties with due regard to occupational Health and Safety.  In order for your company to be placed on our approved contractors list we would request that you complete and return the attached Health and Safety Questionnaire. |

Section 4 – Project Information

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| |  |  | | --- | --- | | Maximum Project Value capable of being undertaken | £Click or tap here to enter text. | | Minimum Value of Projects capable of being undertaken | £Click or tap here to enter text. |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please tick the type of Work applicable to undertake | | | | | | | Responsive Maintenance |  | Internal Refurbishment |  | Grounds Maintenance |  | | Voids/Empty Properties |  | External Refurbishment |  | Cleaning |  | | New Build Housing |  | Mechanical & Electrical |  | Cyclical Repairs |  | | Other Type of Works – Please State | |  | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please tick the type of work applicable to undertake | | | | | | | | | | | Air Conditioning |  | Aerial’s |  | Asbestos | | | | Automatic Doors |  | | Brickwork |  | CCTV |  | *Removal* |  | *Test* |  | Cleaning |  | | Commercial Gas |  | Domestic Gas |  | Damp Proofing |  | DDA Works |  | Decoration |  | | Demolition |  | EWI |  | Fencing |  | Fire Alarms |  | Fire Proofing |  | | General Builder |  | Ground Remedial |  | Groundwork |  | Hard Landscaping |  | Insulation |  | | IWI |  | Joinery |  | Legionella |  | Lifts |  | Pest Control |  | | Piling |  | Plastering |  | Plumbing |  | Removal |  | Rendering |  | | Road Marking |  | Roofs | | | | Scaffolding |  | Screed |  | | Security |  | *Pitched* |  | *Flat* |  | Soft Flooring |  | Soft Landscaping |  | | Solar |  | Special Cleaning |  | Steel Fabrication |  | Structural Steel |  | Suspended Ceiling |  | | Tarmac |  | Tiling |  | Windows & Doors | | | | | | | Tree Works |  | Void Clearing |  | *Aluminium* |  | *PVCU* |  | *Timber* |  | | Utilities |  | Ventilation |  | Other |  | | | | |  |  | | --- | | Please provide details of any design capability and qualifications for your designer/design team | |  | |

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| Section 5 – References | | | |
| Referee Name: | Click or tap here to enter text. | | |
| Contact Number: | Click or tap here | Email Address: | Click or tap |
| Company Name & Address: | Click or tap here to enter text. | | |
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| Referee Name: | Click or tap here to enter text. | | |
| Contact Number: | Click or tap here | Email Address: | Click or tap here to enter text. |
| Company Name & Address: | Click or tap here to enter text. | | |

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| Section 6 – Insurances | | | |
| Confirm maximum figures on the Insurances you have. State if there are any ‘Aggregate’ based policies. | | | |
|  | £ Value | Aggregate | Limitations on Policy |
| Public Liability |  |  |  |
| Employee Liability |  |  |  |
| Professional Indemnity |  |  |  |
| Contractors ‘All’ Risk |  |  |  |
| Product Liability |  |  |  |

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| Section 7 – Waste | |
| Do you regularly transport waste as part of your business? Please provide copy of your ‘Carrier of Waste’ Certificate. |  |
| Do you operate a Quality Management System? If so, please provide a copy of your certificate. |  |
| Please provide details of the standards you are certified to and the name of the registered body | Click or tap here to enter text. |
| Please provide details of your approach to sustainability and how you manage the social and environmental impacts of your projects/works undertaken? | Click or tap here to enter text. |
| Has your company over the past 5 years been or in the process of having any civil action brought against it for any environmental issues? | Click or tap here to enter text. |
| Has your company over the past 5 years been or is in the process of being investigated/prosecuted for any Environmental offence? | Click or tap here to enter text. |
| Please provide any details of Environmental Associations in which you are a member of | Click or tap here to enter text. |
| Please outline any initiatives your company has undertaken to promote sustainability and encourage conservation of natural resources. | Click or tap here to enter text. |

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| Section 8 – Sub Letting of Works |
| Please indicate if your company co-supplies or subcontracts any works or is intending to for works or services of HMS.  Please specify how you access the health & Safety record and competence of companies or sole traders with whom you place contracts. Please provide details of your vetting process and ongoing monitoring for subletting and subcontracting works. |
| Click or tap here to enter text. |

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| Section 9 – Agreement | | | |
| For Organisations employing 4 persons or Less  I confirm that Click or tap here to enter text. employs less than five directly employed persons and as such does not have a written H&S policy document.  I further confirm that any operations carried out by this organisation on any projects under the control of HMS will be conducted in such a way that it complies fully with the Statute Law and associated guidance, HSE guidelines and relevant codes of practice.  I undertake to notify HMS of any changes to the above company organisational structures, which will change the validity of this declaration. | | | |
| Name: | Click or tap here to enter text. | Signed: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
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| Declaration for all organisations:  I confirm that Click or tap here to enter text. will conduct its operations in a professional manner giving due regard to health and safety and environmental matters. All relevant statutory requirements will be complied with and every effort will be made to co-operate with HMS with the aim of providing a safe and healthy working environment for everyone and in accordance with the requirements of Health and Safety & Environmental legislation. | | | |
| Name: | Click or tap here to enter text. | Signed: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |

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| Section 10 – Declaration of Interest | | | | | | | |
| In line with business standards and Housing Maintenance Solutions Ltd (HMS) core values of fairness and equality, it is a requirement that no-one should gain undue benefit or advantage through working for HMS or its approved contractors, consultants and suppliers.  Neither Board members, staff, contractors, consultants nor suppliers are permitted to use their position to bring benefit or advantage to their relatives, associates or businesses in which they have an interest.    We ask current members of staff to update their declarations of interest and to tell the Company Secretary about any change in their circumstances.    We ask contractors, consultants and suppliers to declare whether any member of their staff are related to, or have relationship with any current member of HMS staff. Is any member of their staff directly associated in any way whatsoever with HMS or been employed by HMS within the past 12 months. | | | | | | | |
| 1. | Have you or any member of your staff been directly employed by HMS or LMH Group in the last twelve months (do not include employment via works orders or other approved works)? | | | | | Yes | No |
| 2. | Are you or any member of your staff related\* to any Board/Area Board member of HMS or LMH Group? | | | | | Yes | No |
| 3. | Are you or any member of your staff related\* to any employee of HMS or LMH Group? | | | | | Yes | No |
| 4. | Do you or any member of your staff have any managerial or financial interests in any other commercial business which is associated directly or indirectly with HMS or LMH Group? | | | | | Yes | No |
| 5. | Are you or any member of your staff:    Board/Committee Members of HMS or LMH Group?  If yes, please give details.  Tenants or leaseholders of HMS or LMH Group?  If yes, please give details.  A member or employee of any other housing association, voluntary agency or public sector group?  (Do not include your current employment). | | | | | Yes | No |
|  | If you answered YES to any of the above questions, please provide details on the reverse of this sheet.  Failure to inform HMS or LMH Group of any change in these details will result in immediate suspension from our select lists. | | | Click or tap here to enter text. | | | |
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| Form of Undertaking  I confirm that the answers and details above are correct and true to the best of my knowledge.  I further agree to write to the Commercial Team if my circumstances change and my declaration of interest needs amending. | | | | | | | |
| Name: | | Click or tap here to enter text. | Signed: | | Click or tap here to enter text. | | |
| Position: | | Click or tap here to enter text. | Date: | | Click or tap here to enter text. | | |
| \*‘Related’, is classed as being someone who is related by blood or marriage or, who is so close to a member of staff employed by HMS or LMH Group that there is a real risk that a decision to grant them payment could be influenced by that relationship. It will normally include a person’s spouse, parent, grandparent, child, grandchild, (including a child or grandchild born outside of marriage), and brother and sister. A cohabiting relationship should be treated as marriage for the purpose of this declaration. | | | | | | | |

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| Completion of this Document |
| Once fully completed please send the document along with the required supporting evidence and documentation to the Business Compliance team for processing.  Email Address: compliance@hmsworks.co.uk  Contact Telephone: 0151 235 2412 |