

Application form

# For Select List of Contractors

# Introduction

Thank you for applying to be included on our select list of contractors to carry out works for and on behalf of Beyond Housing.

The reason for this list is to reduce the time taken to advertise for expressions of interest and to use local contractors wherever possible.

Inclusion on the list does not automatically entitle you to be awarded work. However, you will be given the opportunity to tender or quote for work, depending on the value, when required.

Success in winning a contract is not based on cost alone, Beyond Housing are great advocates of social value, we would look to successful contractors to fully commit to participating in our quest to include social value within the supply chain.

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## What we are looking for from the businesses, contractors and suppliers that we work with?

We would like to see a track record of delivering outcomes that contribute to the economic well-being of our communities. This could include apprenticeship opportunities, the employment of local long term unemployed people or the provision of work experience placements. We would also like to see a commitment to getting involved in Beyond Housing projects. This could include financial support, staff volunteering or the provision of labour and/or materials.

# We will:

- Provide you with opportunities to get involved
- Support you to create employment and skills opportunities
- Provide you with regular updates on what's happening
- Hold regular meetings to discuss and celebrate our joint successes
- Join you up with our existing networks and other opportunities.

<b>A1</b>	<b>Registered name of organisation</b>
<input type="text"/>	

<b>A2</b>	<b>Main address for correspondence</b>
<input type="text"/>	

<b>A3</b>	<b>Person applying on behalf of the firm</b>
<input type="text"/>	

<b>A4</b>	<b>Position</b>
<input type="text"/>	

<b>A5</b>	<b>Telephone number</b>
<input type="text"/>	

<b>A6</b>	<b>Email address</b>

<b>A6.1</b>	<b>Website address</b>

<b>A7</b>	<b>Are you a: (please tick appropriate box)</b>
Sole trader	Private limited company
Partnership	Public limited company

**Other (please specify):**

<b>A8</b>	<b>Please provide a copy of your company structure including any group structure (tick to confirm)</b>		
<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>	

<b>A9</b>	<b>Have any of the directors, partners or associates been involved in any firm, which has been liquidated or gone into receivership? (if so, please provide details)</b>

<b>A10</b>	<b>Has any director, partner or associate been employed by this company? (if so, please provide details)</b>

<b>A11</b>	<b>Please state if any director, partner or associate has a relative(s) who are employed by the company at a senior level or is a board member</b>



<b>B2</b>	<b>Has your firm suffered a deduction for liquidated and ascertained damages in respect of any contract within the last 3 years? (please tick appropriate box)</b>	
	<b>Yes</b>	<b>No</b>

<b>B3</b>	<b>Has your firm ever had a contract terminated under the terms of the contract? (please tick appropriate box)</b>	
	<b>Yes</b>	<b>No</b>

<b>B4</b>	<b>Has your firm ever not had a contract renewed for failure to perform to the terms of a contract? (please tick appropriate box)</b>	
	<b>Yes</b>	<b>No</b>

<b>B5</b>	<b>How does your firm assess the suitability and competence of potential workers? (please tick appropriate box)</b>	
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**Job descriptions**

**Application forms**

**References**

**Qualifications**

**Inspection of previous work**

**Trial period before confirmation of employment**

**Personal recommendation**

**B6** State the approximate number of employees in your company engaged in the specific type of work for which you are applying?

Management	<input type="text"/>	Operative supervisor	<input type="text"/>
Professional/technical	<input type="text"/>	Operative	<input type="text"/>
Admin/clerical	<input type="text"/>	Other	<input type="text"/>

**B7** What qualifications do your staff have which are relevant to the work which is subject of this application? Please list:

Staff	Qualifications

**B8** Are you willing to supply names and addresses of all workers who may, in the course of their duties, come into contact with vulnerable groups such as: the elderly, young people, physically or mentally handicapped persons, in carrying out (as your employees, or sub contractors, or sub contractors employees, etc) work for this company? (please tick appropriate box)

Yes	No
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**B9** Do you undertake to keep proper and up-to-date records of all persons in your firm's employment? (please tick appropriate box)

Yes	No
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## References

**B10**

Please list below the full names, address and other details requested or organisations for which your firm has recently carried out work. The information given should cover the whole range of work for which your firm wishes to be considered.

Name and full postal address of organisations and department architect engineer/supervising officer	Contract title and value	Type of Work	Date of contract

## C Responsibility and Structure

**C1**

Please state the name and position of the person with overall responsibility for health and safety in your organisation as required by Regulation 7 of the Management of Health and Safety Work Regulations 1999, together with details of experience and any relevant qualifications:

Name

Position in organisation

Experience

Qualifications

**C2**

Please state the name and position of the person (if different to above) appointed to provide health and safety advice together with details of experience and any relevant qualifications:

Name

Position

Name of organisation

Qualifications

<b>C3</b>	<b>How many people does your organisation normally employ?</b> (Please include all types and grades in both totals)
Directly employed by the organisation?	
Frequently employed labour only sub-contractors, agency staff, consultants or similar?	

## D Policy and Procedures

<b>D1</b>	<b>Does your organisation have a written Health and Safety Policy (covering general policy, organisation and arrangements) as required by Section 2(3) of the Health and Safety at Work etc Act 1974 and issue any codes of safe working practices to employees?</b>
Yes	No

<b>D1.1</b>	<b>If the answer to question D1 is yes, can you supply a full copy of the policy and any safe working practices. (please tick appropriate box)</b>	
Evidence enclosed?	Yes	No

<b>D2</b>	<b>If the answer to question D1 is no, please give the reason why:</b>

<b>D3</b>	<b>If the answer to question D1 is no, provide details of first aid and welfare provision:</b>

<b>D4</b>	<b>Does your organisation have a procedure for the reporting and recording of accidents and dangerous occurrences?</b>	
	<b>Yes</b>	<b>No</b>

<b>D4.1</b>	<b>If the answer to question D4 is yes, please state number of accidents reported in the last 2 years and confirm copy of procedure is enclosed</b>	
<b>No of accidents:</b>		
<b>Evidence enclosed:</b>	<b>Yes</b>	<b>No</b>

<b>D4.2</b>	<b>Please provide details of all accidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in the last 5 years</b>	

<b>D4.3</b>	During the last five years, has the organisation been subject to formal enforcement (E.G. Prosecution, Prohibition Notice or Improvement Notice) for contravention of the Health and Safety at Work etc Act 1974, or equivalent legislation arising from your conduct of activities similar those covered by this contract?	
	Yes	No

**D4.4** If the answer to question D4.3 is yes, please provide full details below:

<b>D5</b>	Does your organisation hold current BS OHSAS 18001 accreditation?	
	Yes	No

**D5.1** If the answer to question D5 is yes, please state the accrediting body and provide a copy of the certificate

Accrediting body:

Evidence enclosed:	Yes	No
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<b>D6</b>	Does your organisation hold a current accreditation with any of the following SSIP Schemes?	
Contractors Health and Safety Assessment Scheme (CHAS)	Yes	No
NHBC	Yes	No
Exor Validate	Yes	No
Safety Management Advisory Services (SMAS)	Yes	No
SAFE Contractor	Yes	No
SM and MS Contractor Plus	Yes	No
Achilles	Yes	No

**D6.1** If the answer to question D6 is yes, please provide a copy of the certificate.

<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>
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Note: If you have answered yes to questions D5.1 and D6 and provided the required evidence please move onto question E1. If you have answered no to questions D5.1 and D6 please move onto question D7.

**D7** Please state below how the health and safety policy and procedures are communicated to your employees and administered within your organisation?

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**D8** Please enclose a method statement or working procedure for undertaking this contract, if appropriate.

<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>
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**D9** Does your organisation have risk assessment procedures (for General, Manual Handling, COSHH etc) as required by the Management of Health and Safety at Work Regulations 1999 and associated legislation?

<b>Yes</b>	<b>No</b>
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**D9.1** If the answer to question D9 is yes, please supply a copy of a procedure and a copy of an assessment undertaken within the last 6 months appropriate to this contract.

Please confirm a procedure is enclosed	Yes	No
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Please confirm a risk assessment is enclosed	Yes	No
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Please confirm a manual handling assessment is enclosed, if appropriate	Yes	No
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Please confirm a COSHH assessment is enclosed, if appropriate	Yes	No
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**D10** Has suitable personal protective equipment (PPE) been supplied to your employees?

Yes	No
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**D10.1** If the answer to question D10 is yes, please provide details below of what equipment is supplied and how the specification requirements for PPE are assessed:

**D10.2** Please provide example copy of a personal protective equipment record

Evidence enclosed?	Yes	No
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**D11** Will you be providing and using other equipment whilst undertaking this contract? (please tick appropriate box)

Yes	No
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<b>D11.1</b>	If the answer to question D11 is yes, please provide details below of what equipment will be used and how the equipment is inspected and maintained, e.g. the procedure and frequency for inspecting ladders, harnesses, work platforms, delivery vehicles and lifting equipment etc. If equipment is to be hired, please advise how the equipment is inspected/checked before it is used.

<b>D11.2</b> Please provide example copy of equipment maintenance record		
Evidence enclosed?	Yes	No

<b>D12</b>	Does your organisation have a health and safety training programme for your employees to ensure that they are competent for their duties? (please tick appropriate box)	
Yes	No	

<b>D13</b>	Does your organisation have safety committee meetings? (please tick appropriate box)	
Yes	No	

<b>D13.1</b>	If the answer to question D13 is yes, are safety representatives involved? (please tick appropriate box)	
Yes	No	

<b>D14</b>	Where appropriate, does your organisation undertake health surveillance of employees? (please tick appropriate box)	
Yes	No	

**D14.1** If the answer to question D14 is yes, please provide full details below:

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**D15** If your organisation uses sub-contractors, do you have a system in place for assessing their competence? (please tick appropriate box)

Yes

No

**D15.1** If the answer to question D14 is yes, please provide full details below:

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**D15.2** Who within your company is responsible for environmental matters?

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**D15.3** Do you have an environmental policy and/or an environmental purchasing policy?  
(please tick appropriate box)

Yes

No

**D15.4** What environmental management systems do you have in place e.g. ISO 14001  
(or similar accreditation e.g. EMAS). Please give details below:

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**D15.5** Is your environmental management system UKAS accredited?  
(please tick appropriate box)

Yes

No

**D15.6** What actions have been taken over the last three years to improve the  
environment? Please detail below measures taken: (a) by your organisation? (b) by  
other organisations with whom you deal

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<b>D15.3</b>	Do you agree to ensure that all your employees will comply with all relevant health and safety legislation, as well as any instructions from managerial/safety staff, whilst your organisation undertakes any work on behalf of Beyond Housing?	
	Yes	No

**Details of person completing this form**

Name

Position in organisation

Date

Signature

## **E Financial Information**

**E1** Please provide the name, telephone number and email address of the person responsible for financial matters

Name

Telephone

Email

**E2** Name and address of your banker

Name

Address

Sort code

Account number

Email address for BACS remittances

Email address for purchase orders

Contact numbers for accounts department for invoicing queries

Email address for accounts department

VAT Number

Company registration number

<b>E3</b>	Please enclose a copy of the Certificate of Incorporation of the Company under the Companies Act 2006 (if applicable) and any certificate of change of name.	
<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>

<b>E4</b>	Please enclose copies of audited accounts and annual reports for the last three years, to include:	
	- Balance sheet	
	- Profit and loss account and cost of sales	
	- Full Notes to the accounts	
	- Director's report/auditor's report	
<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>

<b>E5</b>	If the company accounts you are submitting are for a year that ended more than 10 months ago, can you confirm that the company as described in those accounts is still trading.	
<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>

<b>E6</b>	If the answer to E5 is yes, please enclose a statement of turnover since the last set of published accounts.	
<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>

<b>E7</b>	Please provide details of any outstanding claims or litigation against the company within the last five years.	

<b>E8</b>	If the company applying is a member of a larger group of companies please note you must supply the ultimate holding accounts in addition to those of the company making the application.		
<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>	

<b>E9</b>	Does your firm hold a Tax Exemption Certificate under the Construction Industry Tax Deduction Scheme? (please tick appropriate box)		
<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

**UTR Number:**

**Paid gross:**

**Paid net:**

<b>E10</b>	Please provide details of CIS (Construction Industry Scheme)

## **F Insurance**

**F1 Please give details of insurance held:**

**Insurer**

**Policy number**

**Limit of indemnity**

**Expiry date**

**Policy excess**

**Employers liability insurance held**

Please enclose a copy of your policy. Include any endorsements/exclusions that apply to this section

**F2 Public liability (third party) insurance held:**

**Insurer**

**Policy number**

**Limit of indemnity**

**Expiry date**

**Policy excess**

Please enclose a copy of your policy. Include any endorsements/exclusions that apply to this section

**F3 Contractors all-risks insurance held:****Insurer****Policy number****Limit of indemnity****Expiry date****Policy excess**

Please enclose a copy of your policy. Include any endorsements/exclusions that apply to this section

**F4 Professional indemnity insurance held: (where applicable)****Insurer****Policy number****Limit of indemnity****Expiry date****Policy excess**

Please enclose a copy of your policy. Include any endorsements/exclusions that apply to this section

**F5 If you use an insurance broker, please provide details as below:****Name of broker****Contact name****Address****Telephone number**

Please enclose a copy of your policy. Include any endorsements/exclusions that apply to this section.

**F6 In the event of a claim being made against you, please attach details of your current claims handling procedures.**

<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>
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## G Inclusion, Equality and Diversity Questionnaire

Beyond Housing, both as an employer and a service provider, remain fully committed to tackling inequality and promoting diversity. As a housing provider, we have to comply with the principles of the Equality Act 2010 and the Public Sector Equality Duty. That means we aim to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations.

We expect our service providers, contractors, suppliers and everyone that we do business with to have that same commitment. In order for us to assess whether you comply with our expectations, would you please answer the following questions? We will also require a copy of your Equality Policy where you have one.

Is it your policy, either/both as an employer and a service provider to comply with the Equality Act 2010; and is it your policy not to treat any group of people less favourably than others because of their age, disability, gender, transgender/gender reassignment, race, religion/belief or sexual orientation/preference?

**Yes**

**No**

In the last three years have any findings of unlawful discrimination been made against your organisation by any court, industrial or employment tribunal?

**Yes**

**No**

Does your organisation have a written, up to date policy?\* Please enclose a copy of the policy. (\*required for organisations with 20 or more employees)

**Yes**

**No**

If no, how many employees do you have?

Does your organisation train its staff in inclusion, equality and diversity issues?

**Yes**

**No**

Do you obtain diversity information from your employees and use to address inequality or discrimination?

**Yes**

**No**

If you require assistance, Beyond Housing can help you. Please indicate how we can help you.

**Policy template**

**Information**

**Training workshop**

**Other (please specify)**

## H Modern Slavery Act 2015

The introduction of the Modern Slavery Act 2015 introduced by the government in October 2015 states that any organisation that meets the following criteria must produce an annual slavery and human trafficking statement:

A commercial organisation is within this subsection if it:

- (a) Supplies goods or services; and
- (b) Has a total turnover of not less than an amount prescribed by regulations made by the Secretary of State (£36 million)

A slavery and human trafficking statement for a financial year is:

- (a) A statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place -
  - (i) In any of its supply chains; and
  - (ii) In any part of its own business.

Beyond Housing fall within the criteria and must now produce an annual statement of the measures taken to prevent slavery and human trafficking within their supply chain. Beyond Housing are committed to ethical procurement and transparency within their supply chain and are serious about taking action to ensure our supply chain remains free of slavery and human trafficking.

As a supply chain partner we want to ensure that the same ethos is embedded in your company and that together we can take correct steps towards producing a statement that is robust.

<b>H1</b>	<b>Does your company meet the criteria laid out by the government and is therefore required to produce an annual Modern Slavery Statement?</b>	
<b>Yes</b>	<b>No</b>	

<b>H1.1</b>	<b>If yes please provide a link to the document or a copy of the document if this is not published on your website below:</b>	

<b>H2</b>	<b>Does your company have a policy for slavery and human trafficking? (Please provide a copy of this document)</b>	
<b>Evidence enclosed?</b>	<b>Yes</b>	<b>No</b>

<b>H3 Does your supply chain contain suppliers based outside of the UK?</b>	
Yes	No

<b>H3.1</b> If yes what percentage of your supply chain is based outside of the UK?

<b>H3.2</b> Please detail below a list of regions in which your supply chain is based:

<b>H4 Do you currently have any areas within your business which you have identified as a high risk?</b>	
Yes	No

<b>H4.1</b> If yes please provide further details including the action you have/are taking to eradicate this:

<b>H5</b> What preventative measures do you undertake to ensure slavery and human trafficking does not take place in your supply chain?

<b>H6</b> Will you be adopting any new procedures to comply with the Modern Slavery Act?

Name of the person completing this survey

Role within the company

Date

Signed

## I Relationships with the Board/Company

**I1** Have you or any of your employees previously been employed by the company?

Yes

No

If yes please enclose details with your application form.

**I2** Are you or any of your employees related to or have a personal friendship with a Board member or employee of the company?

Yes

No

If yes please enclose details with your application form.

**Details of current board directors can be found on:  
[www.beyondhousing.co.uk](http://www.beyondhousing.co.uk)**

## J Declaration

**When you have completed the questionnaire, please read and sign the section below**

I/we certify that the information supplied is accurate to the best of my/our knowledge and that I/we accept the conditions and undertakings requested in the questionnaire. I/we understand that false information could result in my/our exclusion from the approved contractors.

I/we also understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body and that any such action will empower Beyond Housing to cancel any contract in force and will result in my/our exclusion from the approved contractors.

**Signed:**

**For and on behalf of:**

**Date:**

Please note, the term 'firm' refers to: sole proprietor, partnership, incorporated company or co-operative as appropriate. The undertaking should be signed by the applicant, a partner or authorised representative in her/his own name and on behalf of the firm.



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