**Better Security, Better Care: Due Diligence Contractor Review**

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| **1** | **Organisation information** |
| 1.1 | Full name of organisation |  |
| 1.2 | Registered office address (if applicable) |  |
| 1.3 | Registered website address (if applicable) |  |
| 1.4 | Trading status (please tick as many as apply.)1. public limited company
2. limited company
3. limited liability partnership
4. other partnership
5. sole trader
6. registered charity
7. other (please specify your trading status)
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| 1.5 | Date of registration in country of origin |  |
| 1.6 | Company registration number (if applicable) |  |
| 1.7 | Charity registration number (if applicable) |  |
| 1.8 | Registered VAT number (if applicable) |  |
| 1.9 | Is this organisation a member of a group of companies, or is it a subsidiary of another company or organisation?  |  |
| 1.10 | If your answer to question 1.9 was YES, please give brief details.  |  |
| 1.11 | Are you planning to sub-contract any of the work funded by your grant to any other company or organisation? |  |
| 1.12 | If you answer to question 1.11 was YES, please give brief details.  |  |

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| **Part 2** | **Grounds for discretionary exclusion** |
| 2.1 | Please indicate if, within the past five years you, your organisation or any other person who has powers of representation, decision or control in the organisation has been convicted anywhere in the world of any of the offences within the summary below or has, by the acceptance of a formal caution, admitted guilt to any of the offences within the summary below: |
| Participation in a criminal organisation; Corruption; Fraud;Terrorist offences or offences linked to terrorist activities;Money laundering or terrorist financing;Child labour and other forms of trafficking in human beings;Any criminal offence connected to work in or with a health or care service.  | Yes ☐No ☐If Yes, please provide details at 2.2. |
| 2.2 | If you have answered yes to question 2.1, please provide further details.Date of conviction: specify which of the grounds listed the conviction was for, and the reasons for conviction.Identity of who has been convicted.If the relevant documentation is available electronically please provide the web address, issuing authority, precise reference of the documents.**NB – If your submission includes details of personal criminal convictions, please contact us before you make your submission to agree a password for your document.**  |  |
| 2.3 | If you answered YES to question 2.1, have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (Self-Cleaning) | Yes ☐No ☐n/a |
| 2.4 | Has it been established, for your organisation by a judicial or administrative decision having final and binding effect in accordance with the legal provisions of any part of the United Kingdom or the legal provisions of the country in which the organisation is established (if outside the UK), that the organisation is in breach of obligations related to the payment of tax or social security contributions? | Yes ☐No ☐ |
| 2.5 | If you have answered yes to question 2.4, please provide further details. Please also confirm you have paid or have entered into a binding arrangement with a view to paying, the outstanding sum including where applicable any accrued interest and/or fines. | n/a |
| 2.6 | Please indicate if, within the past three years, anywhere in the world any of the following situations have applied to you, your organisation or any other person who has powers of representation, decision or control in the organisation. |
| 2.6.1 | Breach of environmental obligations? Breach of social obligations? Breach of labour law obligations?  | Yes ☐No ☐If yes, please provide details at 2.7 |
| 2.6.2 | Bankruptcy or is the subject of insolvency or winding-up proceedings, where the organisation’s assets are being administered by a liquidator or by the court, where it is in an arrangement with creditors, where its business activities are suspended or it is in any analogous situation arising from a similar procedure under the laws and regulations of any State? | Yes ☐No ☐If yes, please provide details at 2.7 |
| 2.6.3 | Guilty of grave professional misconduct? | Yes ☐No ☐If yes, please provide details at 2.7 |
| 2.6.4 | Entered into agreements with other economic operators aimed at distorting competition? | Yes ☐No ☐If yes, please provide details at 2.7 |
| 2.6.5 | Shown significant or persistent deficiencies in the performance of a substantive requirement under a prior contract, which led to early termination of that prior contract, damages or other comparable sanctions? | Yes ☐No ☐If yes, please provide details at 2.7 |
| 2.7 | If you have answered Yes to any of the above questions in sections 2.6, please give details and explain what measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (Self-Cleaning) |  |

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| **3** | **Economic and Financial Standing**  |
| 3.1 | Are you able to provide a copy of your audited accounts for the last two years, if requested? | Yes ☐No ☐ |
| 3.2 | If you answered NO to question 3.1, can you provide **one** of the following: answer with Y/N in the relevant box. |  |
| (a) A statement of the turnover, Profit and Loss Account/Income Statement, Balance Sheet/Statement of Financial Position and Statement of Cash Flow for the most recent year of trading for this organisation, if requested? | Yes ☐No ☐ |
| (b) A statement of the cash flow forecast for the current year and a bank letter outlining the current cash and credit position, if requested? | Yes ☐No ☐ |
| (c) Alternative means of demonstrating financial status if any of the above are not available (e.g. forecast of turnover for the current year and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status). | Yes ☐No ☐ |
| NB – If the information referred to in this section 3 is required it will be requested separately. It does not need to be submitted with this form.  |

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| **4** | **Insurance**  |
| 4.1 | Please state your current business insurance cover for the following types of insurance:Employer’s (Compulsory) Liability Insurance = £Public Liability Insurance = £Professional Indemnity Insurance = £Please note that copies of insurance certificates may be requested.  |

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| **5** | **Contact details and declaration** |
| 5.1 | Contact name |  |
| 5.2 | Name of organisation |  |
| 5.3 | Role in organisation |  |
| 5.4 | Phone number |  |
| 5.5 | E-mail address  |  |
| 5.6 | Postal address |  |
| I declare that to the best of my knowledge the answers submitted, and the information contained in this document are correct and accurate. I declare that, upon request and without delay I will provide the certificates or documentary evidence referred to in this document.  |
| 5.7 | Signature (electronic is acceptable) |  |
| 5.8 | Date |  |