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Supplier Information Questionnaire

Contents

[1. Supplier Information Questionnaire 4](#_Toc135133451)

[1.1. Organisation Details 4](#_Toc135133452)

[1.2. Economic and Financial Information 7](#_Toc135133453)

[1.3. Technical and/or Professional Ability 9](#_Toc135133454)

[1.4. Declaration 12](#_Toc135133455)

1. Supplier Information Questionnaire

Please complete all sections below, providing evidence where requested as appendices in one zip file, referencing the relevant section.

* 1. Organisation Details

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| 1 COMPANY DETAILS | |
| Name/Registered name of organisation  *(Including any previous names if different)* |  |
| Registered address |  |
| Principle Office Address *(If different to registered address)* |  |
| Companies House registration number |  |
| Year of registration |  |
| Type of organisation  *(Private Ltd, Public Ltd, Partnership, sole trader, other)* |  |

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| 2 HOLDING / PARENT COMPANY *(Provide details of any holding or parent company)* | |
| Name / Trading Name |  |
| Registered address |  |
| Companies House registration number |  |
| Year of registration |  |

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| 3 COMPANY SIZE | |
| Are you a small/medium/large business? |  |
| No. of full-time staff |  |
| No. of part time staff |  |
| No. of contractors |  |

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| 4 SUB-CONTRACTORS | |
| Please select one of the following options | (a) Your organisation is bidding to provide the service required itself  (b) Your organisation is bidding in the role of Prime Contractor, but intends to use sub-contractors to provide some of the services required |
| If you answered (b), please provide details of which elements of the requirement your organisation and your proposed sub-contractors will be responsible for. Please also state the names of the sub-contracting organisations you would propose using for this contract |  |

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| 5 PROFESSIONAL AND BUSINESS STANDING – *Do any of the following apply to you, and/or your parent company or to any directors/partners/proprietors?* | |
| Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors or subject to relevant proceedings? | Yes / No |
| Has been convicted of a criminal offence related to business or professional conduct (modern slavery, bribery, conspiracy, money laundering, drug trafficking, fraud or corruption in line with applicable UK Law)? | Yes / No |
| Have any legal actions against you which are pending or underway? | Yes / No |
| Has not fulfilled obligations relating to payment of taxes or social security contributions? | Yes / No |
| Is guilty of serious misrepresentation in supplying information? | Yes / No |
| Has committed an act of grave misconduct in the course of business? | Yes / No |
| Has your organisation had to pay financial penalties levied in respect of failure to perform to the terms of a contract in the past three years? | Yes / No |
| Has your organisation had a contract terminated or not renewed for non-performance reasons in the past three years? | Yes / No |
| If your response to any of the above question is ‘yes’, please provide details in an attached letter. | |

* 1. Economic and Financial Information

You must supply the information set out in this section. Where you are proposing to support your submission through a guarantee, indemnity, performance bond or undertaking from a parent company or ultimate holding company, then this should be stated, and the information requested in this section must be supplied both for your organisation and for the relevant parent or ultimate holding company.

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| 6 FINANCIAL INFORMATION | | | |
| TURNOVER AND PROFIT | Year ending XXXX | Year ending XXXX | Year ending XXXX |
| Turnover | £ | £ | £ |
| Operating Profit | £ | £ | £ |
| Please provide a copy of your signed audited accounts for the most recent three years | *Confirm appended* | | |
| If you cannot supply the above financial information, please provide us with other indications of financial health and scale i.e. bank statement, parent company letter of comfort etc. |  | | |
| As part of our due diligence, we will look at First Report for a financial analysis of your company. You may use this space as required to qualify what we will find on running these reports. |  | | |

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| 7 INSURANCES | |
| *Please provide details and current certificates of your insurance cover for:* | |
| Employers Liability | £ |
| Public Liability | £ |
| Professional Indemnity | £ |
| Other insurances held  Please specify |  |

* 1. Technical and/or Professional Ability

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| 8 PREVIOUS EXPERIENCE | | | |
| Please provide details of your top three clients for the past two years | Client Name and Contract Held | | Years Held |
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| *Please detail the current mix of your business as a percentage of your annual turnover or if none apply, please insert NA* | | | |
| Public Sector - general | | % | |
| NHS – if applicable | | % | |
| Private Sector | | % | |
| Not for profit/3rd Sector | | % | |
| Total | | % | |
| Please confirm if you have provided work to the charity-sector in the past 2-3 years and provide basic details of services provided | |  | |
| Please confirm if you have provided work to Marie Curie previously? Please provide details of services/goods, dates and contacts at Marie Curie | |  | |

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| 9 REFERENCES | |
| *Please provide details of three recent referees for contracts that are relevant to our current requirements and confirm would be happy for us to contact to speak to about delivery of your products and or services.*  *We may also ask any or all of these referees to visit their sites/premises to arrange for demonstrations of how your product/services are being deployed in a live environment* | |
| Reference 1 | |
| Customer organisation: |  |
| Customer contact (name, Tel & email): |  |
| Contract start date: |  |
| Contract completion date: |  |
| Total contract value: if permissible to share |  |
| Description of contract, including key outcomes |  |
| Reference 2 | |
| Customer organisation: |  |
| Customer contact (name, Tel & email): |  |
| Contract start date: |  |
| Contract completion date: |  |
| Total contract value: |  |
| Description of contract, including key outcomes |  |
| **Reference 3** | |
| **Customer organisation:** |  |
| **Customer contact (name, Tel & email):** |  |
| **Contract start date:** |  |
| **Contract completion date:** |  |
| **Total contract value:** |  |
| **Description of contract, including key outcomes** |  |

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| 10 EXPERTISE, PROFESSIONAL MEMBERSHIPS, INTERNATIONAL STANDARDS CERTIFICATIONS | | |
| Are you a member of any regulatory, professional or trade bodies?  *Please state which ones* |  | |
| Do you have any of the following policies?  Do you hold any current certifications for the following categories  *Answer Yes/No for each - and attach your policies and current Certificates for each to your response in a zipped folder titled “Policies and ISO certification Evidence”* | Quality Management | Yes / No |
| Data Protection | Yes / No |
| Business Continuity and Disaster Recovery | Yes / No |
| Health and Safety | Yes / No |
| Equal Opportunities | Yes / No |
| Environmental | Yes / No |
| Corporate and Social Responsibility | Yes / No |
|  | Modern Slavery | Yes/No |
|  | Anti-Bribery | Yes/No |
| If you answered “No” above, do you (and any proposed sub-contractors) have a quality management system or means of monitoring and ensuring quality? Please describe and provide evidence to substantiate your response |  | |

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| 11 CONTRACTS, CONFLICT OF INTEREST AND ASSOCIATIONS | |
| Please declare any contracts or connections with companies or individuals that may have a conflict of interest with Marie Curie |  |
| Please declare any links you have with the tobacco industry |  |

* 1. Declaration

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| 12 DECLARATION | |
| *I declare that to the best of my knowledge the answers submitted in this supplier information questionnaire (and any supporting information) are correct. I understand that the information will be used in the evaluation process to assess my organisation’s suitability to participate in this contract. I declare that I am authorised by my company to supply the information given in this response.* | |
| **Signature:** |  |
| **Name:** |  |
| **Position:** |  |
| **Date:** |  |
| **Telephone number:** |  |
| **Email Address:** |  |

For more information contact:

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