

INDEPENDENT INVESTIGATING OFFICER

BUSINESS QUESTIONNAIRE

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| Section A – Submission Contact Details  (This section for information purposes only) |

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| **1. Contact name** |  |
| **2. Contact's position** |  |
| **3. Contact's phone number** |  |
| **4. Contact’s email address** |  |

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| **Section B – Applicant Profile**(This section for information purposes only) |

**5. Organisation/Individual**

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**6. Registered or trading name if different**

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**7. Registered address/Individuals address**

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**8. Correspondence address if different from the above.**

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**9. Address from which the service will be provided if different from the above.**

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**10. Company registration number**

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**11. Charity registration number**

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**12. Where applicable please provide the name(s) and company registration number of any ultimate holding or parent company or subsidiary companies including addresses and an explanation of group structure and internal relationships.**

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**13. If you have included details of an ultimate holding or parent company above, would this company be willing to guarantee your contract performance and enter into any legal documentation needed?**

Select one box Yes  No 

**14. Please tell us your/your organisation’s principal areas of business activity.**

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| **Section C – Insurance**(This section will be evaluated on a pass or fail basis) |

**1. Please give confirmation that you have or if successful, will obtain the following minimum levels of insurance. Where it is already available please provide evidence of the required levels of insurance.**

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|  | **Confirmed**  **Please select one box for each** |
| Professional Indemnity £2 million | YesNo |
| Public liability £5 million | YesNo |
| Employers liability £10 million (Not required for Individuals) | YesNo |

**2. Please note: this undertaking is to be signed by the individual or where the submission is from an organisation by a partner, director or authorised representative, in their name on behalf of the Organisation.**

|  |  |
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| Name of person providing this undertaking |  |
| Position in organisation |  |
| Phone number |  |
| E-mail address |  |
| Date |  |
| Signature |  |

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| **Section D – Grounds for Exclusion** (mandatory & discretionary) (This section will be evaluated on a pass or fail basis) |

The Council is required to verify whether you/your organisation is in breach of the provisions of Regulation 23(1) of the Public Contracts Regulations 2006. Your organisation also includes any Director, Partner, or any other person who has powers of representation, decision making or control within the organisation.

Please answer the following questions.

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| **Please note :**  *Please note that you are also required to disclose any convictions which are spent within the meaning of the Rehabilitation of Offenders Act 1974 (by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (S.I. 1975/1023) as amended).*  *Answering “Yes” to any question within this section will confirm a conviction for any of the offences referred to below. Answering “Yes” will result in a fail, unless there are very exceptional circumstances where there are overriding general interest requirements to justify including the organisation/individual.* |

**MANDATORY GROUNDS**

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| **1. Have you or your organisation been convicted at any time of any of the following offences:** | **Select one box for each** |
| Conspiracy within the meaning of section 1 of the Criminal Law Act 1977 where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of Council Joint Action 98/733/JHA. | Yes  No |
| Corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906. | Yes  No |
| The offence of bribery. | Yes  No |
| Fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of:   * the offence of cheating the Revenue; * the offence of conspiracy to defraud; * fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978; * fraudulent trading within the meaning of section 458 of the Companies Act 1985; * defrauding the Customs within the meaning of the Customs and Excise Management Act 1979 and the Value Added Tax Act 1994; * an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993; or * destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968. | Yes  No |
| Money laundering within the meaning of the Money Laundering Regulations 2003. | Yes  No |
| Any other offence within the meaning of Article 45(1) of the Public Sector Directive. | Yes  No |

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| 2. If there are any convictions, please give details below, including any action taken in mitigation. |
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**DISCRETIONARY GROUNDS**

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| **Please note :**  *Answering “Yes” to any question within this section will confirm that you/your organisation has committed on of the acts referred below. Answering “yes” may result in a fail. In these circumstances the Council reserves the right to seek further information to enable it to decide whether to exclude you/your organisation.* |

**DISCRETIONARY GROUNDS**

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| **3. With regard to you, your directors or any other person who has powers of representation, decision or control in your organisation, please answer the following questions using the yes/no bow:** | **Select one box for each** |
| * + Are you bankrupt or had a receiving order or administration order or bankruptcy restrictions order made against you;   + Have you made any composition or arrangement with or for the benefit of your creditors   + Have you made any conveyance or assignment for the benefit of your creditors;   + Are you unable to pay or have no reasonable prospect of being able to pay, a debt within the meaning of section 268 of the Insolvency Act 1986, or article 242 of the Insolvency (Northern Ireland) Order 1989;   + In Scotland have you granted a trust deed for creditors or become otherwise apparently insolvent;   + Are you the subject of a petition presented for sequestration of your estate; or   + Are you the subject of any similar procedure under the law of any other state? | Yes  No |
| Being a partnership constituted under Scots law:   * Have you granted a trust deed or become otherwise apparently insolvent; or * Are you the subject of a petition presented or sequestration of your estate? | Yes  No |
| Being a company or any other entity within the meaning of section 255 of the Enterprise Act 2002   * Have you passed a resolution or are the subject of an order by the court for the company’s winding up otherwise than for the purpose of genuine reconstruction or amalgamation; * Have you had a receiver manager or administrator on behalf of a creditor appointed for the company’s business or any part of that; * Are you subject of the above procedures; or * Are you the subject of similar procedures under the law of any other state? | Yes  No |
| * Have you been convicted of a criminal offence relating to the conduct of your business profession? | Yes  No |
| Have you committed an act of grave misconduct in the course of your business or profession? | Yes  No |
| Have you failed to fulfil your obligations regarding the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which the Organisation is established. | Yes  No |
| Have you failed to fulfil your obligations regarding the payment of taxes under the law of any part of the United Kingdom or of the relevant State in which the economic operator is established? | Yes  No |
| Are guilty of serious misrepresentation in providing any information required of you under this regulation? | Yes  No |
| **4. If the answer to any of the above is yes, please give details, including any action taken in mitigation.** | |
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| **Section E – Health and Safety**(This section will be evaluated on a pass or fail basis) |

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| **Please note** *In order to pass this Section you must confirm your/your organisation’s commitment to health and safety as listed below and sign the declaration.* |

**1. The Council requires individuals/organisations to make the following commitments to health and safety by signing the undertaking below:**

* To provide adequate control of the health, safety and welfare risks arising from the Organisation’s work activities which may affect workforce or others.
* To consult with the workforce on matters affecting health and safety.
* To provide and maintain safe plant and equipment.
* To make sure of safe handling and use of substances.
* To give information, instruction and supervision for workforce.
* To make sure all workforce are competent to do their tasks and to give them adequate training.
* To prevent accidents and cases of work related ill health.
* To maintain safe and healthy working conditions.
* To make sure enough funds are available to implement this statement.
* To review and revise this statement as necessary at regular intervals not exceeding 12 months.

Further, whilst you/your organisation carries out any work/services on the Council’s behalf you agree to:

* make sure that your entire workforce will keep to all relevant health and safety legislation; and
* keep to any instructions from our supervising or safety officers.

**Please note: this commitment undertaking is to be signed by the individual or where the submission is from an organisation by a partner, director or authorised representative, in their name on behalf of the organisation/individual.**

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| --- | --- |
| Signature to confirm undertaking provided |  |
| Print name: |  |
| Position or status in the organisation: |  |
| Organisation’s name: |  |
| Organisation’s address: |  |
| Date: |  |

**Please note the successful individual/organisation may need to provide further information on health and safety.**

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| **Section F – Equality and Diversity**(This section will be evaluated on a pass or fail basis) |

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| **Please note** *In order to pass this Section you must confirm your/your organisation’s commitment to the equality and diversity and sign the declaration.* |

## **1. The Council requires individuals and organisations to make the following commitments to equality and diversity by signing the undertaking below:**

The Council requires that organisations/individuals confirm:

1. That they comply with all legal obligations for the following:

* Race
* Sexual orientation
* Disability
* Age
* Religion or belief
* Gender
* Human rights

1. There has been no finding of unlawful discrimination against the organisation/individual by any court or industrial or employment tribunal in the last three years.
2. In the last 3 years the organisation/individual has not been the subject of a formal investigation on grounds of alleged unlawful discrimination by, for example:

* the Commission for Racial Equality (CRE);
* Disability Rights Commission (DRC);
* Equal Opportunities Commission (EOC);or
* Equality and Human Rights Commission (EHRC),

**Please note: this undertaking is to be signed by the individual or where the submission is from an organisation by a partner, director or authorised representative, in their name on behalf of the organisation/individual.**

|  |  |
| --- | --- |
| Signature to confirm undertaking provided |  |
| Print name: |  |
| Position or status in the organisation: |  |
| Organisation’s name: |  |
| Organisation’s address: |  |
| Date: |  |

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| **Section G – Technical Capacity**(This section will be evaluated on a pass or fail basis) |

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| **Please note**  *The Council must ensure that Providers are able to deliver a consistent standard of quality and can be relied upon to continue to provide services for the duration of the contract. If the Provider answers* ***YES*** *to the question below and the reason for termination is non performance or any of the reasons listed in the grounds for exclusion then the Provider will fail this section and will not have the remainder of their submission considered.* |

**1. Have you or your organisation ever had a contract terminated before its natural termination date**

Select one box Yes  No 

If the answer is **yes**, please give full details.

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**2. Have you or your organisation ever withdrawn from a contract prematurely?**

Select one box Yes  No 

If the answer is **yes**, please give full details.

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**3. Do you or your organisation have any outstanding claims or have you been involved in any litigation against you in the last three years?**

Select one box Yes  No 

If the answer is **yes**, please give full details.

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**4. Please confirm that for all staff employed and utilised in the delivery of the service, an enhanced Criminal Records Bureau check and search of the Disclosure and Barring Service Lists will be completed prior to commencing work under the Agreement.**

Select one box Yes  No 

**5. Please give full details of the relevant qualifications and training completed and undertaken by you/the staff who will deliver this Service. Please include details and evidence of relevant professional qualifications.**

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6. **Please tell us why you would be a suitable candidate for inclusion on the provider list. Including the following information:**

i. Details of own/your organisation’s understanding of the role of an Independent Investigating Officer and

**ii**. Your background and experience of providing investigation services, including case studies or examples.

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| **Section H – References**  (This section for information purposes only) |

**Please provide details of any individuals who can comment on previous performance of contracts and the candidate’s ability to deliver the terms of the contract. Please note that the Council may contact these organisations. (To a maximum of two)**

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|  | **Reference 1** |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **Tel. No.** |  |
| **Fax No.** |  |
| **Email Address** |  |

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|  | **Reference 2** |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **Tel. No.** |  |
| **Fax No.** |  |
| **Email Address** |  |

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| **Section I – Undertaking** |

**UNDERTAKING**

I certify that the information supplied regarding the organisation/individual is accurate to the best of my knowledge and that I accept the conditions and undertakings requested in the Business Questionnaire. I understand and accept that false information could result in rejection of the application to be selected to take part in the procurement process.

I 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. I also understand that any such action will result in rejection of our application to take part in the procurement procedure and empower the Council to cancel any contract currently in force.

I understand and agree that if my submission is successful then I/my organisation will purchase insurance as required if such insurance is not already held.

**Please note: this undertaking is to be signed by the individual or where the submission is from an organisation by a partner, Director or authorised representative i.e. in their name on behalf of the organisation.**

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| --- | --- |
| Signature to confirm undertaking provided |  |
| Print name: |  |
| Position or status in the organisation: |  |
| Organisation’s name: |  |
| Organisation’s address: |  |
| Date: |  |