**Due Diligence Application Form Subcontracting 2022-23**

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|  | **DETAILS OF YOUR ORGANISATION** | | | | | | | |
|  | Company Name:  *(Full legal name as registered with Companies House)* | | |  | | | | |
|  | Trading As:  *(if different from the above)* | | |  | | | | |
|  | Main Function of Organisation | | |  | | | | |
|  | Contact Name: | | |  | | | | |
|  | Job Title: | | |  | | | | |
|  | Registered Address:  Post Code: | | |  | | | | |
|  | Telephone: | | |  | | | | |
|  | Email: | | |  | | | | |
|  | Website: | | |  | | | | |
|  | Company Registration Number: | | |  | | | | |
|  | Charities or Housing Association or other Registration number:  *(if applicable)*  Please specify registering body: | | |  | | | | |
|  | Date of Registration:  (if applicable) | | |  | | | | |
|  | Delivery Address:  *(if different from the above)*  Post Code: | | |  | | | | |
|  | Are you registered for VAT?  If “YES” please provide registration number: | | | YES  NO | | | | |
|  | UK Provider Reference Number (UKPRN): | | |  | | | | |
|  | Is your organisation:  *(please indicate as applicable)* | | | i) a public limited company? | | YES | | |
| ii) a limited company? | | YES | | |
| iii) a limited liability partnership (LLP)? | | YES | | |
| iv) Statutory Corporation? e.g. Further Education College | | YES | | |
| v) Other (please specify the legal status of your organisation)? | | YES | | |
|  | Is your organisation part of a group of companies? If “YES” please give details below. | | | YES  NO | | | | |
|  | Name of parent company:  *(if applicable)* | | |  | | | | |
|  | Companies House registration number of parent company:  *(if applicable)* | | |  | | | | |
|  | **COMPANY PORTRAIT** | | | | | | | |
| Please give a brief overview of your organisation, including company structure (maximum of 500 words) | | | | | | | | |
|  | **FINANCIAL INFORMATION** | | | | | | | |
|  | Please indicate which of the following you would you be able to provide *(please tick a minimum of one)* | | | | | | | |
| A copy of your audited accounts for the most recent two years *(if this applies)* | | | | | | | YES |
| A statement of your turnover, profit & loss account and cash flow for the most recent year of trading | | | | | | | YES |
| A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position *(if trading for less than a year)* | | | | | | | YES |
|  | Has your organisation had any CCJs issued against it within the last 3 years | | | | | | | YES  NO |
|  | Please state the percentage proportion of your annual income, for the provision of educational and vocational training or employment support services that is publicly funded. | | | | | | | % |
|  | Do you currently hold contracts for provision funded by the Skills Funding Agency, either as direct or sub-contractor, with a cumulative value in excess of £100,000 per annum? | | | | | | | YES  NO |
| If “YES” have you completed the ESFA “Due Diligence Assurance Gateway” on-line questionnaire. | | | | | | | | YES  NO |
|  | Do you have any ESF contracts, either direct or as a sub-contractor? | | | | | | | YES  NO |
|  | Please indicate the size of your organisation | Fewer than 10 employees  11-49 employees  49- 250 employees  250-1,000 employees  More than 1,000 employees | | | | | | |
|  | Please list names of all directors, company secretary, partners or other persons occupying positions of financial authority within your organisation.  Please identify, by stating the company name and registration number, if any of the people named have been directors of previous companies, either still in existence or not. |  | | | | | | |
|  | Have any of the above ever been, or are currently in bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings. If you answer “YES” we will require further details before proceeding to contract. | | | | | | | YES  NO |
|  | INSURANCE | | | | | | | |
| 4.1 | Please state your current level of insurance cover for the following.  *Please note: Where it considers it relevant to the delivery of services, Kirklees College may require evidence of appropriate cover before proceeding to contract.* | | Employer’s Liability: £  Public Liability: £  Professional Indemnity: £  Other (Specify): | | | | | |
|  | **competencies** | | | | | | | |
|  | Does your organisation hold certification from relevant awarding organisations to deliver IAG or other support services?  If “YES” please specify | | | | | | | YES  NO |
|  | Will all staff delivering training/teaching on funded programmes on behalf of Kirklees College hold or be working towards Qualified Teacher Status? | | | | | | | YES  NO |
|  | Does your organisation hold evidence of other professional qualifications of its staff that it is prepared to submit for verification on request? | | | | | | | YES  NO |
|  | Does your organisation actively encourage CPD for staff and have an auditable record of staff development? | | | | | | | YES  NO |
|  | **compliance** | | | | | | | |
|  | Payments to providers will be paid on profiled delivery values, with a reconciliation period and then will be paid on actual, in arrears, subject to submission off the correct documentation. Please confirm that your organisation has the resources and capacity to work within this framework. | | | | | | | YES  NO |
|  | Do you have a Business Continuity Plan that will cover your ability to continue to deliver the services for which you may be contracted with Kirklees College? | | | | | | | YES  NO |
|  | Are you registered with the Information Commissioner’s Office for processing or intending to process personal data for educational purposes? | | | | | | | YES  NO |
| If “YES” please give registration number: | | | | | | | | |
| Please provide brief details of any government funded contracts or sub-contracts that are currently held by your organisation *(e.g. direct or indirect contracts, contract amounts, services delivered)* | | | | | | | | |
| **7** | **QUALITY ASSURANCE** | | | | | | | |
| 7.1 | Does your organisation produce an annual SAR in accordance with a recognised quality framework? | | | | | | | YES  NO |
| If “YES” please state which quality framework is followed: | | | | | | | | |
| 7.2 | Does your organisation produce a Quality Improvement Plan based on the SAR? | | | | | | | YES  NO |
| 7.3 | If the answer to either 7.1 or 7.2 is **NO**, please explain how your quality improvement processes are assessed and managed (Max 100 words): | | | | | | | |
| 7.4 | Does your organisation have a robust Observation of Teaching and Learning Process? If **yes**, please detail your profile of all of your delivery staff. If **no** how do you ensure the quality of teaching/learning and assessment your staff provide to learners? | | | | | | YES  NO | |
| 7.5 | Does your organisation have awarding body status? If so please detail the qualification/ suites of qualification you are approved to deliver and what your claims status is for each one *(direct or non-direct claims)* | | | | | | YES  NO | |
| 7.6 | Does your organisation have established systems in place to undertake robust IAG and Initial Assessment of learners? | | | | | | YES  NO | |
| 7.7 | Does your organisation have systems in place to identify and support learners with additional needs? | | | | | | YES  NO | |
| 7.8 | Does your organisation have established systems in place to monitor learner progress? | | | | | | YES  NO | |
| 7.9 | Does your organisation have established systems in place to collect and act upon learner and employer feedback? | | | | | | YES  NO | |
| 7.10 | Would all personnel used to fulfil any contracts agreed with Kirklees College be direct employees of your organisation? | | | | | | YES  NO | |
| 7.11 | Has your organisation had a full inspection by Ofsted? | | | | | | YES  NO | |
| If “YES” please give the Ofsted unique reference number and date of the latest inspection: | | | | | | | | |
| **8** | **SAFEGUARDING** | | | | | | | |
| 8.1 | Does your organisation have systems in place to identify and support vulnerable adults? | | | | | | YES  NO | |
| 9 | HEALTH & SAFETY | | | | | | | |
| 9.1 | Does your organisation have a written Health and Safety Policy that demonstrates your compliance with Health and Safety legislation? | | | | | | YES  NO | |
| 9.2 | When were your Health and Safety procedures last audited and / or reviewed and updated? | | | | | | YES  NO | |
| 9.3 | In the past 5 years has your organisation ever been prosecuted under health & safety legislation or been served prohibition or improvement notices by an Enforcing Authority such as the Health & Safety Executive?  *(Please note that if “YES” further details will be required before contracting)* | | | | | | YES  NO | |
| 9.4 | Do you have systems in place to undertake and/or monitor risk assessments at employer locations | | | | | | YES  NO | |
| 9.5 | Does your Health and Safety Policy make reference to any arrangements for learners? | | | | | | YES  NO | |
| 9.6 | Please name and state the position of the person who will have responsibility for the health and safety of learners: | | | | | | | |
| **10** | **EQUALITY AND DIVERSITY** | | | | | | | |
| 10.1 | Do you collect and monitor equality and diversity data relating to your organisation and the services it provides, including that on ethnicity, gender and disability? | | | | | | YES  NO | |
| 10.2 | Where relevant, do you monitor participation and success rates of learners by ethnic origin, gender and disability? | | | | | | YES  NO | |
| 10.3 | Do you produce an action plan with targets based on the analysis of the equality data collected and review progress regularly? | | | | | | YES  NO | |
| 10.4 | In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal or equivalent body?  If “YES”, what steps did your organisation take as a result of that finding?: | | | | | | YES  NO | |
| 10.5 | Do you undertake, in the delivery of services to Kirklees College, to actively promote good practice in terms of ensuring equality and eliminating discrimination in all forms through, as a minimum: | | | | | | YES  NO | |
| a | The implementation of an organisational Equality and Diversity Policy? | | | | | | YES  NO | |
| b | Providing relevant examples of the instructions, documents, recruitment advertisements or other literature with concern to the delivery of the contracted services when requested by Kirklees College? | | | | | | YES  NO | |
| c | Issuing appropriate messages to clients / learners concerning recruitment onto provision and / or training progression? | | | | | | YES  NO | |
| d | Do you ensure that all staff in your organisation undertakes training so that they are aware of their responsibilities under your Equality & Diversity policy and the Equality Act 2010? | | | | | | YES  NO | |
| **11** | **BRITISH VALUES AND THE PREVENTION OF RADICALISATION DUTY** | | | | | |  | |
| 11.1 | Do you have a written PREVENT Policy? | | | | | | YES  NO | |
| 11.2 | Do all of your staff receive PREVENT training as part of their induction and ongoing CPD? | | | | | | YES  NO | |
| 11.3 | Do you incorporate ‘British Values’ in training materials where appropriate? | | | | | | YES  NO | |
| **12** | **REFERENCES** | | | | | | | |
| Please supply the name of two referees. Preferably, these would be people who you currently, or recently, have a funding contract with. If this is not possible, then a professional referee who can provide a character reference should be given.   |  |  |  |  | | --- | --- | --- | --- | | **Referee 1** |  | **Referee 2** |  | |  |  |  |  | | **Name:** |  | **Name:** |  | |  |  |  |  | | **Address:** |  | **Address:** |  | |  |  |  |  | | **Email:** |  | **Email:** |  | |  |  |  |  | | **Tel:** |  | **Tel:** |  | |  |  |  |  | | **Mobile:** |  | **Mobile:** |  | |  |  |  |  | | **Type of contract:** |  | **Type of contract:** |  | |  |  |  |  | | **Date awarded:** |  | **Date awarded:** |  | |  |  |  |  | | **Contract value:** |  | **Contract value:** |  | |  |  |  |  |   If you cannot provide at least one reference, please briefly explain why: | | | | | | | | |
| **12** | **PROFESSIONAL AND BUSINESS STANDING** | | | | | | | |
| 12.1 | Has your organisation ever been removed from a contract prior to its intended close date for failure to meet minimum levels of performance or for any other reason? If you answer YES we will require further details before proceeding to contract. | | | | YES  NO | | | |
| 12.2 | Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s) or any other person with powers of representation? | | | | | | | |
| i | A conviction (or convictions) for a criminal offence related to business or professional conduct | | | | YES  NO | | | |
| ii | In a state of insolvency, voluntary administration, compulsory winding up, receivership, composition with creditors, company voluntary arrangements or subject to equivalent proceedings? | | | | YES  NO | | | |
| iii | Failure to fulfil obligations related to the payment of taxes | | | | YES  NO | | | |
| Iv | Failure to fulfil obligations related to the payment of social security contributions? | | | | YES  NO | | | |
| v | Legal or administrative finding of commission of an act of grave misconduct in the course of business | | | | YES  NO | | | |
| vi | Failure to provide information required or providing inaccurate/misleading information when participating in a procurement exercise | | | | YES  NO | | | |
| vii | Failure to obtain and maintain relevant licences or membership of an appropriate trading or professional organisation where required by law | | | | YES  NO | | | |

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| **13** | **DELIVERY OF ADULT EDUCATION BUDGET (AEB) PROGRAMMES** | | |
| 13.1 | Please list the qualifications/ programmes you are planning to deliver on the profile below | | |
| **Number of Students** | | **Programmes/Qualifications to be delivered**  ***(Full Title and Learning Aim Reference is required)*** | **Geographic Location** |
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| **14** | **DECLARATION** | |
| By submitting this document electronically I/we certify that all of the information supplied within this document is accurate to the best of my/our knowledge, and that I/we accept the conditions and undertakings. I/we understand that providing false information could result in my/our exclusion from this and future bids. | | |
| Name: | |  |
| Position in Company: | |  |
| Signature: | |  |
| Date: | |  |