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| **Expression of Interest for potential sub-contractors**  **To be submitted by 9am Monday 27th November** | | | | | | | | | | | | | | | | | |
| Registered Provider Name: |  | | | **Trading Name:** | | | | | |  | | | | | | | |
| **Address:**  **Postcode:** |  | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | |
|  | | | | | **Companies House No:** | | | | |  | | | | | | |
| **Key Contact Name:** |  | | | | | **Position** | | | | |  | | | | | | |
| **Tel No:** |  | | | | | **Mobile No:** | | | | |  | | | | | | |
| **Email Address:** |  | | | | | **UKPRN:** | | | | |  | | | | | | |
| **Website Address:** |  | | | | | | | | | | | | | | | | |
| **Please give us a brief description of your organisation in no more than 300 words.** |  | | | | | | | | | | | | | | | | |
| **Accreditations Standards/Kite Marks – date(s) achieved** | **TQS** | | **Investors in People** | | **Customer First** | | | **Matrix** | | | | | | **Other** | | | |
| **If no Matrix accreditation – planned date for application (Matrix is a requirement of the ESFA)** | |  | | | | **Are you on the Register of Training Providers Y / N** | | | | | | | **Date:** | | | | |
| **STAFFING PROFILE** | | | | | | | | | | | | | | | | | |
| **Total Number of trainers/tutors** | **Full-Time** | | | | | | **Part -Time** | | | | | | | | | | |
| **DBS** | **Are all delivery and learning support staff full-time**  **and part-time – enhanced DBS checked?** | | | | | | | | | | | **Yes** | | | | | **No** |
| **Please provide details of all delivery and learning support staff who will be involved in delivering this contract including names, job roles, and relevant qualifications, experience, knowledge and skills.** |  | | | | | | | | | | | | | | | | |
| **HISTORY/BACKGROUND** | | | | | | | | | | | | | | | | | |
| **How long have you been an established training provider?** | | | | | | | | | | |  | | | | | | |
| **Please provide details of your last three years accounts**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Finances** | | |  |  |  |  | | **Year ending date** | **Turnover** | **Profit before tax** | **Net current assets** | **Shareholders’ funds (net assets)** |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | |
| **Are published accounts for last three years available?** | | | | | | | | | | | **Yes** | | | | **No** | | |
| **If accounts are not available, please give reason –**  *NB: If accounts are not available we will require a business plan, including a forecast profit and loss account and cashflow for at least the next 24 months* | | | | | | | | | | | | | | | | | |
| **Have you taken advice from your legal advisor/accountant about the proposed contract and the implications of subcontracting?** | | | | | | | | | | | **Yes** | | | | **No** | | |
| **Do you hold your own ESFA contract(s) or deliver any ESF projects?** | | | | | | | | | | | **Yes** | | | | **No** | | |
| **Please detail your last 4 contracts held delivering relevant EFA / SFA / ESF funded contracts**   |  |  |  |  | | --- | --- | --- | --- | | **Past or Current Contracts** | | | | | **Description of contract – Type of programme, sector area / target client group / Lead / Subcontract** | **Value of Contract** | **Value Delivered** | **Overall Success rate** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | | | | | | | | | | | | |
| **If you have delivered as a subcontractor to a lead EFA / SFA / ESF partner please provide**  **contact details of your three most recent lead partners and contact details for reference.**   |  |  | | --- | --- | | **Lead Partner Name** | **Contact details for reference** | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | |
| **Have any contracts you have held resulted in termination? If so, please give the reasons for termination?** | | | | | | | | | | | | | | | | | |
| **Are there any outstanding County Court Judgements (CCJ’s) against the organisation? Yes ☐ No ☐**  **If Yes please provide details below:** | | | | | | | | | | | | | | | | | |
| **Is the company a party in any litigation which may affect the ability to deliver? (ie. court, tribunal, Fraud Investigations etc.) If yes, please detail below** | | | | | | | | | | | | | | | | | |
| **Please list the names of all Directors and their positions below:**  **Have any Directors previously been disqualified? Yes ☐ No ☐**  **If Yes, please provide details below:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Please state the level of cover in place for the following insurance policies that you hold:**  *Note: We will require a copy of all insurance certificates prior to agreeing a Service Level Agreement* | | | | | | | | | | | | | | | | | |
| **Public Liability Insurance:** | |  | | | | | | | | | | | | | | | |
| **Employer Liability Insurance:** | |  | | | | | | | | | | | | | | | |
| **Professional Indemnity Insurance:** | |  | | | | | | | | | | | | | | | |
| **Do you have the following policies?**  *Note: We will require a copy of these policies prior to agreeing a Service Level Agreement* | | | | | | | | | | | | | | | | | |
| **Staff development policy?** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **How is Staff CPD managed and logged?** | | | | | | | | | | | | | | | | | |
| **Does this include part-time employees and associates?** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Health and Safety Policy** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Equality Opportunities Policy** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Protection of Children and Vulnerable Adults Policy (including Safeguarding and Prevent)** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Bullying and Harassment policy** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Complaints policy and procedure** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Information, Advice and Guidance to Learners Policy** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Data Protection & Confidentiality Policy** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Quality Assurance Policy** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Observation of Teaching & Learning Policy** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Environmental Sustainability Policy** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Do you have anything to declare under RIDDOR regulations?**  ***(please include details if so)*** | | **Yes** | | | | | | | **No** | | | | | | | | |
| **Do you have appropriate Data Protection security systems?** | | | | | | | | | | | | | | | | | |
| **DELIVERY** | | | | | | | | | | | | | | | | | |
| **INDICATIVE NUMBERS THAT YOU WOULD LIKE TO DELIVER IF CONTRACT AWARDED** | | | | | | | | | | | | | | | | | |
| **Please complete the two worksheets in the attached spreadsheet:**   * **Delivery Plan for 16-18 Study Programmes** * **16-18 Study Programmes Starts profile**   **Please provide details of your marketing and recruitment strategy to meet profile below:** | | | | | | | | | | | | | | | | | |
| **Do you have EV Reports available for all qualifications listed in the delivery profile?** | | | | | | | | | | | | | | | | | |
| **If No, please explain why:** | | | | | | | | | | | | | | | | | |
| **Have you had any Awarding Body Sanctions/Actions applied within last year?** | | | | | | | | | | | **Yes** | | | | | **No** | |
| **If Yes, please provide details:** | | | | | | | | | | | | | | | | | |
| **Please provide details of the physical resources you currently have to deliver the programme (s)** | | | | | | | | | | | | | | | | | |
| **Please describe your additional learner support arrangements:** | | | | | | | | | | | | | | | | | |

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| **QUALITY ASSURANCE** | | | | | | | |
| **When was your last OFSTED inspection?** | | **Date:** | | **What was the grade awarded?** | | **Grade:** | |
| **What is your process for quality monitoring and ensuring overall success?** | | | | | | | |
| **Do you have a Self Assessment Report/Quality Improvement Plan in place?**  Please provide a copy of your latest Self-Assessment Report and Quality Improvement Plan with this application. | | | | | | **Yes** | **No** |
| **How is this reviewed and monitored?** | | | | | | | |
| **Do you have a CRM system?**  **If yes - please name –** | | | | | | **Yes** | **No** |
| **Do you have a MIS system?**  **Please name what is in place –** | | | | | | **Yes** | **No** |
| **ADDITIONAL** **INFORMATION** | | | | | | | |
| **Please attach or include here any additional information that you would like to tell us about.** | | | | | | | |
|  | | | | | | | |
| **Name:** |  | | **Date:** | |  | | |
| **Position:** |  | | | | | | |

**Please email completed expression of interests to:** [dan.wallman@dv8sussex.com](mailto:dan.wallman@dv8sussex.com)