

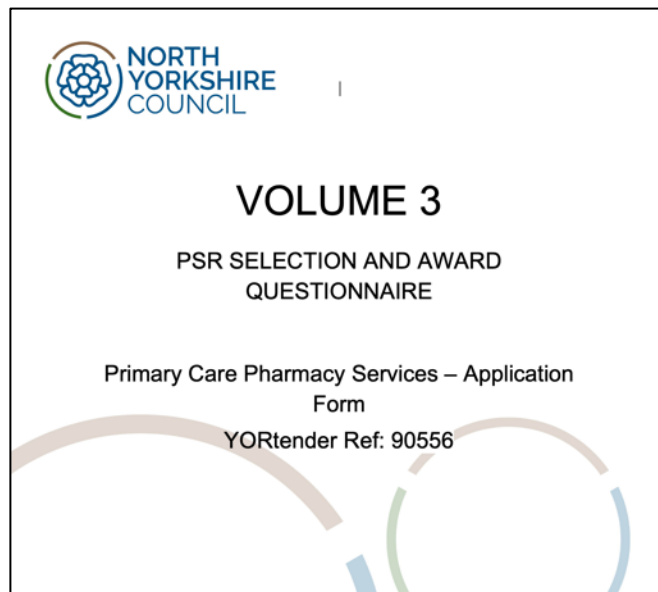
North Yorkshire Council Volume 3

PSR Selection and Award Questionnaire

Step-by-Step Guide

YORtender Ref 90556.

This step-by-step guide will cover completion of North Yorkshire Councils Volume 3 PSR Selection and Award Questionnaire document.



Section One. – Your Information and Bidding Model (part 1)

You must answer all questions in parts 1 and 2. If you are the provider, you must answer all questions in part 3 as well.

Bidders must ensure that every organisation on which they will rely to meet the selection criteria completes and submits their own answers and declaration for part 1 and 2.

See support for completion highlighted in yellow below.

PSR SELECTION & AWARD QUESTIONNAIRE

Part 1: Your information and the bidding model

You must answer all question in parts 1 and 2. If you are the provider, you must answer all questions in part 3 as well.

Bidders must ensure that every organisation on which they will rely to meet the selection criteria completes and submits their own answers and declaration for part 1 and 2.

Section 1 Your Information & Bidding Model

Scoring Criteria - Information only

Please answer the following questions in full. Note that every organisation that is being relied on to meet the selection must complete and submit the Part 1 and Part 2 self-declaration.

A provider may be excluded on the grounds of providing insufficient or false information.

YOUR INFORMATION

Question No.	Question	Response
1.1(a)	Name (if registered, please give the registered name)	Enter your organisations registered name. This should be the full name of the legal entity entering into the contract as appears on companies house .
1.1(b) – (i)	Registered address (if applicable) or head office address	Provide your companies registered or head office address. This should be the applicable address for the name provided above as opposed to your organisations place of business.
1.1(b) – (ii)	Registered website address (if applicable)	Provide your registered website address (if applicable).
1.1(c)	Trading Status <i>Please mark 'X' in the relevant box to indicate your trading status</i> Indicate your trading status by marking an 'X' in the relevant box (e.g., Public limited company, Private limited company, etc.).	<input type="checkbox"/> Public limited company <input type="checkbox"/> Private limited company <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Other partnership <input type="checkbox"/> Sole trader <input type="checkbox"/> Third sector <input type="checkbox"/> Other (please specify your trading status):
1.1(d)	Date of registration (if applicable) or date of formation	Enter your date of registration or formation.
1.1(e)	Registration number (company, partnership, charity, etc. if applicable)	Provide registration number.
1.1(f)	Registered VAT number.	Provide VAT number.

		<p>For surgeries with no dispensing practices N/A can be included here. For pharmacies or surgeries with dispensing services a VAT number can be found by either:</p> <ul style="list-style-type: none"> • Your VAT registration certificate • Your VAT returns • Contacting the HMRC 	
1.1(g) – (i)	Are you registered with the appropriate professional or trade register(s) specified for this procurement in the Member State where your organisation is established?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
		<input type="checkbox"/>	N/A Indicate if you are registered with the appropriate professional or trade registers specified for this procurement. Mark 'X' for Yes, No, or N/A.
1.1(g) – (ii)	If you responded yes to 1.1(g) - (i), please provide the relevant details, including the name of the register and registration number(s), and if evidence of registration is available electronically, please provide - the website address, - issuing body - reference number.	If Yes to 1.1(g) - (i), provide the relevant details including the name of the register, registration number(s), website address, issuing body, and reference number.	
1.1(h) – (i)	For procurements for services only, is it a legal requirement in the country where you are established for you to: a) possess a particular authorisation, or b) be a member of a particular organisation, to provide the requirements specified in this procurement?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
		Indicate if it is a legal requirement in your country for you to possess a particular authorisation or be a member of a particular organisation to provide the specified requirements. Mark 'X' for Yes or No.	
1.1(h) – (ii)	If you responded yes to 1.1(h) - (i), please provide additional details of what is required, confirmation that you have complied with this and, if evidence of compliance is available electronically, please give the website address, issuing body and reference number.	If Yes to 1.1(h) - (i), provide additional details of the requirement and confirmation of compliance, including any electronic evidence.	
1.1(i)	Relevant classifications (state whether you fall within one of these, and if so which one) <i>Please mark 'X' in the relevant box</i>	<input type="checkbox"/>	Voluntary, Community and Social Enterprise (VCSE) Indicate if you fall within a relevant classification (e.g., Voluntary Community and Social Enterprise, Sheltered Workshop, Public service mutual) by marking 'X' in the appropriate box.
		<input type="checkbox"/>	Sheltered Workshop
		<input type="checkbox"/>	Public service mutual

1.1(j)	Are you a Small, Medium or Micro Enterprise (SME)? SME definition (europa.eu)	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
1.1(k)	Details of Persons of Significant Control (PSC), where appropriate (Please enter N/A if not applicable): Provide details of Persons of Significant Control (PSC) where appropriate, including name, date of birth, nationality, service address, and PSC conditions met. A PSC is an individual who has: <ul style="list-style-type: none"> more than 25% of shares in the company more than 25% of voting rights in the company the right to appoint or remove the majority of the board of directors 			
	- Name			
	- Date of birth			
	- Nationality			
	- Country, state or part of the UK where the PSC usually lives			
	- Service address			
	- The date he or she became a PSC in relation to the company;			
	- Which conditions for being a PSC are met:		<input type="checkbox"/>	Over 25% up to (and including) 50%,
			<input type="checkbox"/>	More than 50% and less than 75%
			<input type="checkbox"/>	75% or more.
1.1(l)	Details of your immediate parent company (Please enter N/A if not applicable): Provide details of your immediate parent company (if applicable).			
	- Full name of immediate parent company			
	- Registered or head office address			
	- Registration number (if applicable)			
	- Head office VAT number (if applicable)			
1.1(m)	Details of ultimate parent company (Please enter N/A if not applicable): Provide details of your ultimate parent company (if applicable)			
	- Full name of the ultimate parent company			
	- Registered or head office address			
	- Registration number (if applicable)			
	- Head office VAT number (if applicable)			

Please note: A criminal record check for relevant convictions may be undertaken for the preferred provider and all relevant persons and entities (as described above).

BIDDING MODEL

Question No.	Question	Response
1.2	<p>Please indicate if you are bidding as a single provider or as part of a group or consortium?</p> <p><i>If you are bidding as a single provider, please go to Q 1.3.</i></p> <p>If you are bidding as part of a group or consortium (including where you intend to establish a legal entity to deliver the contract, or you are a subcontractor), please tell us:</p> <ol style="list-style-type: none"> a) The name of the group/ consortium. b) The proposed structure of the group/consortium, including the legal structure where applicable. c) The name of the lead member in the group/consortium. d) Your role in the group/consortium (e.g. lead member, consortium member, subcontractor). <p>If you are the lead member in the group/ consortium, whether you are relying on other consortium members to meet the selection criteria (i.e. are you relying on other consortium members for economic and technical standing and/or technical and professional ability?) and, if so, which criteria you are relying on them for?</p>	<p>Indicate if you are bidding as a single provider or as part of a group/consortium. Provide details of the group/consortium if applicable, including names, structure, lead member, roles, and reliance on other members for selection criteria.</p>
1.3	<p>If you are proposing to use subcontractors please provide the details for each subcontractor.</p> <ul style="list-style-type: none"> - Name - Registration number - Registered or head office address, - Trading status <ol style="list-style-type: none"> a. Public limited company b. Private limited company c. Limited liability partnership d. Other partnership e. Sole trader f. Third sector g. Other (please specify your trading status) - Registered VAT number - SME (Yes/No) - The role each subcontractor will take in providing the works and /or supplies e.g. key deliverables - if known 	<p>This should be the applicable address for the name provided above as opposed to your organisations place of business</p>

	<ul style="list-style-type: none"> - The approximate % of contractual obligations assigned to each subcontractor, if known - Is the subcontractor being relied upon to meet the selection criteria (i.e. are you relying on the subcontractor for economic and technical standing and/or technical and professional ability?) and, if so, which criteria are you relying on them for? 	
1.4	<p>Services - please tell us which services you wish to apply for?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Needle, syringe and harm reduction service <input type="checkbox"/> Opiate substitute supervised consumption service <input type="checkbox"/> NRT Voucher Scheme <input type="checkbox"/> Sexual Health Services <p>Please tell us which services you are applying for by placing an X in the boxes above</p>

Section Two – Exclusion Grounds (part 2)

Please answer the following questions in full. Note that every organisation that forms part of your bidding group/consortium, as well as every organisation that is being relied on (including subcontractors being relied on) to meet the selection criteria must complete and submit responses to part 1 and the declarations in part 2.

See support for completion highlighted in yellow below.

Part 2: Exclusion Grounds

Please answer the following questions in full. Note that every organisation that forms part of your bidding group/consortium, as well as every organisation that is being relied on (including subcontractors being relied on) to meet the selection criteria must complete and submit responses to part 1 and the declarations in part 2.

Section 2 Grounds for mandatory exclusion

Question No.	Question	Declaration	
2.1 (a)	<p>Within the past five years, anywhere in the world, have you or any person who:</p> <ul style="list-style-type: none"> is a member of the provider's administrative, management or supervisory body or has powers of representation, decision or control in the provider, <p>been convicted of any of the offences within the summary below and listed in full on the webpage? (Please indicate your answer by marking 'X' in the relevant box)</p>		
	<p>Confirm if you or any relevant person has been convicted of any listed offences in the past five years by marking 'X' in the relevant boxes.</p>	Yes	No
	Participation in a criminal organisation	<input type="checkbox"/>	<input type="checkbox"/>
	Corruption	<input type="checkbox"/>	<input type="checkbox"/>
	Terrorist offences or offences linked to terrorist activities	<input type="checkbox"/>	<input type="checkbox"/>
	Money Laundering or terrorist financing	<input type="checkbox"/>	<input type="checkbox"/>
	Child labour and other forms of trafficking in human beings	<input type="checkbox"/>	<input type="checkbox"/>
	Any other offence within the meaning of Article 57(1) of the Directive as defined by the law of any jurisdiction <u>outside</u> England, Wales or Northern Ireland.	<input type="checkbox"/>	<input type="checkbox"/>
	Any other offence within the meaning of Article 57(1) of the Directive created after 26th February 2015 in England, Wales or Northern Ireland.	<input type="checkbox"/>	<input type="checkbox"/>
2.1 (b)	<p>If you have answered yes to any part of question 2.1 (a), please provide further details, including:</p> <ul style="list-style-type: none"> date of conviction and the jurisdiction, which of the grounds listed the conviction was for, the reasons for conviction, the identity of who has been convicted <p>If the relevant documentation is available electronically please provide</p> <ul style="list-style-type: none"> the web address, issuing Authority, precise reference of the documents. 		
	<u>Details</u>		
	<p>If Yes to any part of 2.1(a), provide details of the conviction including date, jurisdiction, reasons, and identity of the convicted person.</p>		
2.1 (c)	<p>If you have answered yes to any part of the question above please explain what measures have been taken to demonstrate your reliability despite the existence of relevant grounds</p>		
	<p>for exclusion. (Self cleaning).</p>		
	<u>Details</u>		
	<p>Explain measures taken to demonstrate reliability despite the existence of relevant grounds for exclusion (self-cleaning).</p>		

Section Three – Mandatory and Discretionary Grounds Relating to the Payment of Taxes and Social Security Contributions (part 2)

See support for completion highlighted in yellow below.

Section 3 Mandatory and discretionary grounds relating to the payment of taxes and social security contributions						
Question No.	Question	Declaration				
3.1(a)	<p>Please confirm that you have met all your obligations relating to the payment of taxes and social security contributions, both in the country in which you are established and in the UK.</p> <p>If documentation is available electronically please provide:</p> <ul style="list-style-type: none"> the web address, issuing authority, precise reference of the documents 	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No</td> </tr> </table> <p>Confirm if you have met all obligations relating to the payment of taxes and social security contributions by marking 'X' for Yes or No. Provide electronic evidence if available.</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes					
<input type="checkbox"/>	No					
3.1(b)	<p>If you have answered no to 3.2(a) please provide further details including the following:</p> <ul style="list-style-type: none"> Country concerned, what is the amount concerned how the breach was established, i.e. through a judicial or administrative decision or by other means. if the breach has been established through a judicial or administrative decision please provide the date of the decision, if the breach has been established by other means please specify the means. <p><u>Details</u> If No to 3.1(a), provide further details including the country, amount concerned, how the breach was established, date, and means of establishment.</p>					
3.2	<p>Please also confirm whether you have <u>paid_or</u> have entered into a binding arrangement with a view to paying, the outstanding sum including, where applicable, any accrued interest and/or fines.</p> <p>Confirm if you have paid or entered into a binding arrangement to pay the outstanding sum by marking 'X' for Yes or No.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes					
<input type="checkbox"/>	No					

Please Note: We reserve our right to use our discretion to exclude your bid where we can demonstrate by any appropriate means that you are in breach of your obligations relating to the payment of taxes or

Section Four – Grounds for Discretionary Exclusion. (part 2)

See support for completion highlighted in yellow below.

Section 4 Grounds for Discretionary Exclusion

Question No.	Question	Declaration	
4.1	Within the past three years, anywhere in the world, have any of the situations summarised below and listed in full on the webpage applied to you?		
	Confirm if any of the situations listed (e.g., breach of environmental obligations, bankruptcy, professional misconduct, conflict of interest) have applied to you in the past three years by marking 'X' for Yes or No.	Yes	No
4.1 (a)	Breach of environmental obligations? To note that environmental law obligations include Health and Safety obligations. See webpage .	<input type="checkbox"/>	<input type="checkbox"/>
4.1 (b)	Bankrupt or is the subject of insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
4.1 (c)	Guilty of grave professional misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
4.1 (d)	Conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>
4.2	You are a relevant commercial organisation subject to Section 54 of the Modern Slavery Act 2015 if you carry on your business, or part of your business in the UK, supplying goods or services and you have an annual turnover of at least £36 million. If you are a relevant commercial organisation please -	If applicable, confirm compliance with the Modern Slavery Act 2015 by marking 'X' for Yes or No. Provide electronic evidence if available.	
	<ul style="list-style-type: none"> confirm that you have published a statement as required by Section 54 of the Modern Slavery Act. 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> confirm that the statement complies with the requirements of Section 54 and any guidance issued under Section 54. 	<input type="checkbox"/>	<input type="checkbox"/>
4.3	If your latest published statement is available electronically, please provide: <ul style="list-style-type: none"> the web address, precise reference of the documents. <p><u>Details</u> If applicable, provide details of your latest published statement under the Modern Slavery Act, including web address and document reference.</p>		
4.4	If you have answered YES to any of the above questions in 4.1, or NO to question 4.2, please explain what measures have been taken to demonstrate your reliability despite the existence of a relevant ground for exclusion. (Self Cleaning)		
	<u>Explanation</u> If Yes to 4.1 or No to 4.2, explain measures taken to demonstrate reliability despite the existence of relevant grounds for exclusion (self-cleaning).		

Section Five – Economic and Financial Standing. (part 3)

If you are the provider, you must answer all questions in part 3 as well. [See support for completion highlighted in yellow below.](#)

Section 5 Economic and Financial Standing

Scoring Criteria - Threshold

This section will be used to assess the overall financial stability of your organisation. The threshold for each question is that the requested information is provided. The threshold for the whole of section 5 is that the authority is satisfied with your organisation's financial stability.

Financial references and internal credit checks will be undertaken to analyse your organisation's financial position and determine the level of risk it would represent to the authority, having regard to the contract requirement and value, criticality and the nature of the market. The assessment of risk is based on sound business judgement rather than just a mechanistic application of financial formulae. If the authority deems the financial position of the organisation to be acceptable, the threshold is passed. If the threshold is not passed then the Authority will disqualify the organisation and the organisation will be rejected from the procurement process.

Depending on timescales, further financial checks may be carried out by the authority between receipt of offers and contract award which may impact on the contract award decision.

The organisation that is expected to enter into the contract with the Authority ("the Lead Organisation") will be subject to the Economic and Financial Standing pass/fail evaluation.

Where the Lead Organisation is seeking to rely on the economic and financial standing of a parent company (or other organisation) to satisfy the pass/fail test then the Provider should state this explicitly; provide a letter of commitment from the parent company (or other organisation) to provide a guarantee; additionally provide the financial information in respect of the guarantor and also complete question 5.1 to 5.3 below. In such cases, reliance on the other body to satisfy this test will be subject to providing a guarantee which is satisfactory to the Authority. The Authority also reserves the right to require that entity to be jointly liable for the execution of the contract.

Question No.	Question	Response
5.1	<p>If documentary evidence of economic and financial standing is available electronically (e.g. financial statements filed with Companies House), please provide:</p> <ul style="list-style-type: none"> the web address issuing authority precise reference of the documents 	<p>Provide the requested financial information to assess your organisation's financial stability. Ensure to include any reliance on parent companies or other <u>organisations</u>, and provide a letter of commitment if applicable.</p>
5.2	<p>If documentary evidence of economic and financial standing is not available electronically, please provide a copy of your detailed accounts for the last two years (audited if required by law).</p> <p>Also, for any other person or entity on whom you are relying to meet the selection criteria relating to economic and financial standing, please provide a copy of their detailed accounts for the last two years (audited if required by law).</p>	<p>If applicable provide the requested financial information to assess your organisation's financial stability. Ensure to include any reliance on parent companies or other <u>organisations</u>, and provide a letter of commitment if applicable.</p>
5.3	<p>If you are not able to provide a response to questions 5.1 or 5.2, please provide any of the following alternatives.</p>	

5.3(a)	A statement of your annual turnover, Profit and Loss Account/Income statement, Balance Sheet/statement of Financial Position and Statement of Cash Flow for the most recent year(s) of trading and a bank letter outlining the current cash and credit facility position.	If applicable provide the requested financial information to assess your organisation's financial stability. Ensure to include any reliance on parent companies or other organisations and provide a letter of commitment if applicable.
5.3(b)	Alternative information to evidence economic and financial standing (e.g. forecast financial statements and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status).	If applicable provide the requested financial information to assess your organisation's financial stability. Ensure to include any reliance on parent companies or other organisations and provide a letter of commitment if applicable.



Question No.	Question	Response																
5.4	<p>Insurance</p> <p>Please confirm whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:</p> <p>Please indicate your answers by marking 'X' in the relevant box</p> <table border="1" data-bbox="415 720 1227 898"> <thead> <tr> <th></th> <th data-bbox="1235 720 1320 751">Yes</th> <th data-bbox="1328 720 1406 751">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="415 751 1227 783">Employer's Liability Insurance = £10,000,000</td> <td data-bbox="1235 751 1320 783"><input type="checkbox"/></td> <td data-bbox="1328 751 1406 783"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="415 783 1227 814">Public Liability Insurance = £10,000,000</td> <td data-bbox="1235 783 1320 814"><input type="checkbox"/></td> <td data-bbox="1328 783 1406 814"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="415 814 1227 846">Medical Malpractice Insurance = £10,000,000</td> <td data-bbox="1235 814 1320 846"><input type="checkbox"/></td> <td data-bbox="1328 814 1406 846"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="415 846 1227 898">Non-medical professional negligence = £5,000,000</td> <td data-bbox="1235 846 1320 898"><input type="checkbox"/></td> <td data-bbox="1328 846 1406 898"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Employer's Liability Insurance = £10,000,000	<input type="checkbox"/>	<input type="checkbox"/>	Public Liability Insurance = £10,000,000	<input type="checkbox"/>	<input type="checkbox"/>	Medical Malpractice Insurance = £10,000,000	<input type="checkbox"/>	<input type="checkbox"/>	Non-medical professional negligence = £5,000,000	<input type="checkbox"/>	<input type="checkbox"/>		
	Yes	No																
Employer's Liability Insurance = £10,000,000	<input type="checkbox"/>	<input type="checkbox"/>																
Public Liability Insurance = £10,000,000	<input type="checkbox"/>	<input type="checkbox"/>																
Medical Malpractice Insurance = £10,000,000	<input type="checkbox"/>	<input type="checkbox"/>																
Non-medical professional negligence = £5,000,000	<input type="checkbox"/>	<input type="checkbox"/>																

Question No.	Question
5.5	<p>Please provide details of the technical facilities and measures (including systems and processes) you have in place, or will have in place by contract award, to ensure compliance with the General Data Protection Regulation and to ensure the protection of the rights of data subjects. Your response should include, but should not be limited to facilities and measures:</p> <ul style="list-style-type: none"> • to ensure ongoing confidentiality, integrity, availability and resilience of processing systems and services; • to comply with the rights of data subjects in respect of receiving privacy information, and access, rectification, deletion and portability of personal data; • to ensure that any consent based processing meets standards of active, informed consent, and that such consents are recorded and auditable; • to ensure legal safeguards are in place to legitimise transfers of personal data outside the EU (if such transfers will take place); • to maintain records of personal data processing activities; and <p>to regularly test, assess and evaluate the effectiveness of the above measures.</p>

Question No.	Question
	RESPONSE:

Section Six – Technical and Professional Ability (part 3)

Section 6 Technical and Professional Ability

Scoring Criteria - Threshold
 6.1 – The threshold is passed if the Provider confirms that their organisation can meet all the requirements for the services they are expressing an interest for, in line with Volume 1a, b, c, and d.

Question No.	Question	Response	
		Yes	No
6.1	<i>Please indicate your answers by marking 'X' in the relevant box</i>		
	Please confirm that your organisation can meet the requirements of the specification as set out in Volume 1a, b, c and d in line with the services you are applying for.	<input type="checkbox"/>	<input type="checkbox"/>
	Answer yes or no by marking an X in the relevant box		

Section Seven – Technical and Professional Ability (part 3)

Please note, 7.1 and 7.2 should be completed by all providers submitting an application, however 7.2 is only applicable to those applying for sexual health services

Section 7 Technical and Professional Ability

Scoring Criteria - Threshold

7.1 - The threshold is split into two parts; Providers will only pass the threshold once both parts are provided.

Part 1 (7.1) – The provider confirms that they are registered with the General Pharmaceutical Council.

Part 2 (7.1.2) – The provider provides their GPC registration number.

7.2 - The threshold is passed once confirmation is provided that clinicians delivering sexual health services hold the correct level of qualifications.

Question No.	Question	Response	
		Yes	No
7.1	Please indicate your answers by marking 'X' in the relevant box		
	Please confirm you are currently registered with the General Pharmaceutical Council.	<input type="checkbox"/>	<input type="checkbox"/>
7.1.2	Please provide your General Pharmaceutical Council registration number.		
	RESPONSE: If applicable, insert your General Pharmaceutical Council registration number here:		
The below questions are service specific, providers are only required to respond to the question if applying for the named service.			
7.2	Sexual Health Services		
	Please indicate your answers by marking 'X' in the relevant box	Yes	No
	Please confirm each professional delivering the service has completed their Declaration of Competence Certificate (DOC) for Emergency Hormone Contraception (EHC).	<input type="checkbox"/>	<input type="checkbox"/>

Contract Details and Declaration (part 3)

It is a mandatory requirement that organisations complete and return this signed declaration with their submission. **See support for completion highlighted in yellow below.**

Contract Details and Declaration

It is a mandatory requirement that organisations complete and return this signed declaration with their submission.

I declare that to the best of my knowledge the answers submitted and information contained in this complete document are correct and accurate, including parts 1, 2 and part 3.

I declare that, upon request and without delay I will provide the certificates and/or documentary evidence referred to in this document except where this documentation can be accessed by the contracting authority via a national database free of charge or the contracting authority already possesses the documentation.

I understand that the information will be used in the selection process to assess my suitability to participate further in this procurement.

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OFFICIAL - SENSITIVE

I understand that the authority may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.

I am aware of the consequences of serious misrepresentation.

Signature (*electronic is acceptable*)

Electronic signature

Date: **Date signed**

Contact details of those making the declaration

Contact Name: **Provide contact details**

Name of Organisation:

Role in Organisation:

Phone number:

E-mail Address:

Postal Address:

Digital Signatories (part 3)

See support for completion highlighted in yellow below.

Digital Signatories

The authority has invested in the system SigningHub which enables us to issue contracts electronically for signatures. If you are successfully appointed you will be sent the contract documentation electronically. This will not involve any additional cost to your organisation or require the installation of any software, and it will save postage costs and reduce any time delays.

Please ensure that you complete the below form as part of your submission.

First authorised signatory

Name:

Company:

Email:

Job title:

Second authorised signatory*

Name:

Company:

Email:

Job title:

*If it is your company policy to only require one authorised signatory on Contracts / Legal documentation please confirm below:

YES NO

If successful please remember to check your spam/junk email, as the initial email from SigningHub may not show in your inbox.

Information on the legal status in relation to the use of electronic signatures can be found here. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356786/bis-14-1072-electronic-signatures-guide.pdf

Commercially Sensitive Information

I declare that I wish the following information to be designated as commercially sensitive:

Include here any commercially sensitive information

The reason(s) it is considered that this information should be exempt under FOIA is:

Insert here the reasons for the commercial sensitivity

The period of time for which it is considered this information should be exempt is:

Insert here the duration of time you request the information should be exempt for