**CITY COLLEGE PLYMOUTH** 

**Due Diligence Questionnaire/PQQ Document**

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| **1** | **Details of your Organisation**  |
| --- | --- |
| 1.1 | Please provide your UK Provider Reference No. (UKPRN)[[1]](#footnote-0): |  |
| 1.2 | Legal name of organisation as it appears on UKRLP[[2]](#footnote-1): |  |
| 1.3 | Trading name of organisation (if different from above): |  |
| 1.4 | Main business activity of organisation (SIC code if known)[[3]](#footnote-2): |  |
| 1.5 | Contact Name: |  |
| 1.6 | Job title: |  |
| 1.7 | Registered Address (inc. post code): |  |
| 1.8 | Primary correspondence address if different from the above: |  |
| 1.9 | Telephone Number:  |  |
| 1.10 | Email address: |  |
| 1.11 | Website address: |  |
| 1.12 | Company registration no. (if applicable): |  |
| 1.13 | Charity or other registration number (if applicable). Please specify registering body:  |  |
| 1.14 | Date of registration: (if applicable) |  |
| 1.15 | Are you registered for VAT? If yes please provide registration no: | Yes/No\*VAT Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1.16 | Is your organisation:(please indicate by ticking the appropriate box) | i) | a public limited company |  |
| ii) | a limited company |  |
| Iii) | A limited liability partnership |  |
| iv) | Statutory corporation (e.g. Further Education College) |  |
| v) | Sole trader |  |
| vi) | Other, please specify |  |
| 1.7 | Is your organisation part of a group of companies? If yes, please give details.  | Yes/No\* |
| 1.8 | Name of (ultimate) parent company (if applicable) |  |
| 1.9 | Companies House registration of parent company (if applicable). |  |
| 1.10 | What is the mission statement, if any of your organisation? |  |

| **2.** | **Financial Information** |
| --- | --- |
| 2.1 | To supply services to City College Plymouth we are required to obtain evidence of financial stability. Please provide the following and indicate that they are attached by ticking the box below. |
|  | Information  | Tick  |
| i | Copy of most recent audited accounts for the last two years of trading or for the period that is available if trading for less than two years. |  |
| ii | A statement of turnover, profit and loss and cash flow position for the most recent full year of trading (or part year if full year is not applicable) and an end period balance sheet where is information is not available in an audited form as set out above.  |  |
| 2.2 | Has your organisation had any county court judgments (CCJ’s) issues against it within the last three years?  | Yes/No\* |
| 2.3 | Please state the percentage of your annual income, for the provision of education and vocational training or employment support services, that comes from the public purse? | % |
| 2.4 | Please disclose all contracts your organisation holds or has held with the Education and Skills Funding Agency in the last three years. i) Contract 1:Date Awarded:Nature of Services delivered: Date Expired/Terminated:ii) Contract 2:Date Awarded:Nature of Services delivered: Date Expired/Terminated: If additional contracts are or have been held please describe on continuation page.  |  |
| 2.5 | Does your organisation hold contracts for provision funded by the Education and Skills Funding Agency, either direct or as a sub-contractor, with a cumulative value in excess of £100,000 per annum? | Yes/No\* |
| 2.6 | If YES: -a) Have you completed the Education and Skills Funding Agency “Due Diligence Assurance Gateway” online questionnaire? | Yes/No\* |
| b) Are you currently listed on the Register of Training Organisations? | Yes/No\* |
| 2.7 | Please indicate the size category of your organisation | Less than 10 employeesLess than 50 employees Less than 250 employees Less than 5000 employees More than 5000 employees |

| **3.** | **Professional and Business Standing**  |
| --- | --- |
| 3.1 | 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? | Yes/No\* |
| 3.2 | Has your organisation ever received claims for damages or had damages deducted or recovered under any contract? | Yes/No\* |
| If YES to 3.1 and/or 3.2 above, please provide further details.  |
| 3.3 | Do any of the following apply to your organisation, or to (any of) the directors/partners/proprietors/trustees/senior managers or any other persons with powers of representation? |  |
| i | A conviction (or conviction) 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\* |
| 3.4 | Please provide details of any official dispute in the last ten years where damages have been sought from your organisation. |  |
| 3.5 | Are there any court actions and/or employment tribunal hearings or any other litigation outstanding against your organisation?  | Yes/No\* |
| If YES, please provide details.  |
| 3.5 | Please provide details of any professional/commercialaffiliations that your organisation has. |  |

| **4.** | **Insurance**  |
| --- | --- |
| 4.1 | Please state the current level of insurance cover for the following:(only required to be in place once contract awarded)Please confirm name of insurance company, policy number and expiry date. | Employers Liability £Public Liability £Professional Indemnity £Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4.2 | City College Plymouth requires evidence of the appropriate insurance cover. Please provide evidence when returning this questionnaire.  |

| **5.** | **Staffing**  |
| --- | --- |
| 5.1 | Please list the directors/partners/proprietors/trustees /senior managers or any other persons with powers of representation who will be involved in the delivery of the services. If possible, please include an organisational chart.  |  |
| 5.2 | Is there an potential conflict of interest between this work and any of the directors/partners/proprietors/trustees /senior managers or any other persons with powers of representation who will be involved in the delivery of the services. | Yes/No\* |
| If YES, please provide details: |
| 5.3 | Does your organisation have established systems in place to ensure compliance with immigration legislation? | Yes/No\* |
| 5.4 | Does your organisation have established systems in place to comply with legislation of employment (inc. volunteers) | Yes/No\* |

| **6.** | **Competencies** |
| --- | --- |
| 6.1 | Does your organisation hold approved centre status from relevant awarding organisations to deliver education and training services?  | Yes/No\* |
| 6.2 | Does your organisation hold certification from relevant awarding organisations to deliver IAG or other support service? | Yes/No\* |
| If YES, please specify: |
| 6.3 | Will all staff delivering training/teaching on funded programmes on behalf of the College hold or be working towards Qualified Teacher Status? | Yes/No\* |
| 6.4 | Does your organisation hold evidence of other professional qualifications of its staff that it is prepared to submit for verification upon request? | Yes/No\* |
| 6.5 | Does your organisation actively encourage CPD for staff and have an auditable record of staff development?  | Yes/No\* |
| 6.6 | Do you ensure that all staff in your organisation undertake training so that they are aware of their responsibilities with regard to equality and diversity, health and safety, and safeguarding? | Yes/No\* |

| **7.** | **Quality Assurance**  |
| --- | --- |
| 7.1 | Does your organisation undertake an annual self-assessment of its training activities in accordance with a recognised quality framework and produce results in a written report? | Yes/No\* |
| 7.2 | Does your organisation produce a Continuous Improvement Plan based on its annual self-assessment? | 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. |
| 7.4 | Please provide details of any quality assurance certification that your organisation holds e.g. ISO9000 or equivalent standard. If no accreditation is held, please supply a copy of your quality assurance policy.  |  |
| 7.5 | If required does your organisation have established systems in place to undertake robust initial assessment of learners.  | Yes/No\* |
| 7.6 | If required, does your organisation have systems in place to identify and support learners with additional needs? | Yes/No\* |
| 7.7 | Please confirm that the provision of information and guidance (IAG) services is accredited to the matrix quality standard appropriate to the IAG service being offered.  | Yes/No\* |
| 7.8 | If required, 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 client/learner feedback? | Yes/No\* |
| 7.10 | If required, does your organisation have established systems in place to collect and act upon employer feedback? | Yes/No\* |
| 7.11 | Would all personnel used to fulfil any contracts agreed with the College be direct employees of your organisation? | Yes/No\* |
| If NO, please describe any arrangements that may be made to fulfil the contract. Sub-contracting of any provision delivered on behalf of City College Ply mouth is not permitted.  |
| 7.12 | Has your organisation had a full inspection by OFSTED in the last three years?  | Yes/No\* |
| If YES a). Please give the OFSTED unique reference number, overall grade and date of the last inspection.b) Has your organisation received an inadequate OFSTED inspection outcome relating to any aspect of its overall performance or the sector-subject areas of the proposed sub-contract provision in the last three years?  | Unique Ref \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Last inspection:Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes/No\* |
| If YES, please provide further details: |

| **8.** | **Health and Safety**  |
| --- | --- |
| 8.1 | Does your organisation have a written health and safety policy that demonstrates your compliance with Health and Safety Legislation? Please provide a copy.  | Yes/No\* |
| 8.2 | When were your health and safety procedures last audited and/or reviewed and updated? |  |
| 8.3 | In the past five years has your organisation ever been prosecuted under health and safety legislation or been served prohibition or improvement notices by an enforcing authority such as the Health & Safety Executive or any RIDDOR incidents?  | Yes/No\* |
| If YES, please provide details and actions taken as a result. |
| 8.4 | Do you have auditable systems in place to undertake and /or monitor risk assessments at employer locations? | Yes/No\* |
| 8.5 | Please name and state the position, qualification, telephone number and email address of the person who will have the responsibility for the health and safety of participants/learners.  |  |

| **9.** | **Safeguarding**  |
| --- | --- |
| 9.1 | Do all staff involved in the delivery of teaching and learning to vulnerable adults or young learners hold current and applicable CRB/DBS checks? | Yes/No\* |
| 9.2 | Does your organisation have a written safeguarding policy that demonstrates compliance with Safeguarding legislation? If yes, please provide a copy. | Yes/No\* |
| 9.3 | Does the organisation safeguarding policy include staff recruitment and vetting; dealing with allegations and concerns; whistleblowing; checking employers and work-placements where appropriate based on assessment of risk? | Yes/No\* |
| 9.4 | Please provide details of: -a) how British Values[[4]](#footnote-3) are promoted to staff and students;b) how students are prepared for life in modern Britain; and c) how these are embedded in teaching and learning. |  |
| 9.5 | Please describe the arrangements in place to enable your organisation to satisfy the Prevent Duty, i.e. due regard to the need to prevent people from being drawn into terrorism[[5]](#footnote-4). |  |
| 9.6 | Does your organisation have a whistleblowing policy? If yes, please provide a copy. | Yes/No\* |
| 9.7 | Does your organisation have a policy for preventing and dealing effectively with bullying and harassment? If yes, please provide a copy. | Yes/No\* |

| **10.** | **Equality and Diversity**  |
| --- | --- |
| 10.1 | Do you collect and monitor equality and diversity data relating to your organisation and the services that 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? | Yes/No\* |
| If YES, what steps did your organisation take as a result of that finding? |
| 10.5 | Do you undertake, in the delivery of services to City College Plymouth to actively promote good practice in terms of ensuring equality and eliminating discrimination in all forms through, as a minimum the implementation of an organisational Equality & Diversity Policy. If yes, please provide a copy.  | Yes/No\* |

| **11.** | **Contractual Compliance**  |
| --- | --- |
| 11.1 | Please confirm that your organisation has had access to and reviewed City College Plymouth’s standard terms and conditions of contract and fully understand their implications. | Yes/No\* |
| 11.2 | Payment claims to City College Plymouth will be made in arrears, based on actual delivery and submission of correct documentation within the defined timescales. Please confirm that your organisation has the resources and capacity to work within this framework.  | Yes/No\* |
| 11.3 | Do you have a business continuity plan that will cover your ability to deliver the services for which you are or may be contracted with City College Plymouth? | Yes/No\* |

| If NO to any or all of 11.1 to 11.3 above, please provide further details.  |
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| **12.** | **Information Governance**  |
| --- | --- |
| 12.1 | Does your organisation hold an up to date Data Protection Notification with the Information Commissioner? If yes, please provide the Registration Number.  | Yes/No\*No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12.2 | Does your organisation have a Data Protection Policy? If yes, please provide a copy. | Yes/No\* |
| 12.3 | Does your organisation have an Information Security Policy? If yes, please provide a copy.  | Yes/No\* |
| 12.4 | Please describe the data protection and security systems in place for the exchange of personal and financial data with the College? |  |
| 12.5 | Please describe the systems in place to ensure the compliance with the Education and Skills Funding Agency’s requirements for data collection and the keeping of records.  |  |

| **13.** | **Sustainability**  |
| --- | --- |
| 13.1 | Does your organisation hold a Sustainability /Environmental Policy? If yes, please provide a copy.  | Yes/No\* |

| **14.** | **References** |
| --- | --- |
| Please provide the names and contact details of two organisations to whom you have delivered training (or services similar to those being offered to City College Plymouth) within the last three years and to whom we can apply for references for your organisation.  |
|  | Organisation 1  | Organisation 2  |
| 14.1 | Customer Organisation name:Website address: |  |  |
| 14.2 | Customer contact name, phone number and email.  |  |  |
| 14.3 | Date contract awarded: |  |  |
| 14.4 | Brief description of contract |  |  |
| 14.5 | Indicative value: (e.g. circa £40kpa) |  |  |

| **15.** | **Declaration** |
| --- | --- |
| By submitting this document electronically, I/We certify that the information supplied within this questionnaire is accurate to the best of my/our knowledge and belief, and that I/We accept the conditions and undertakings requested in this questionnaire. I/We understand the conditions and undertakings requested in the questionnaire. I/We understand that false information could result in my/our exclusion from this and future exercises. I/We understand that if the organisation or its employees does anything which could constitute an offence under s1 or s7 of the Bribery Act 2010, City College Plymouth, reserves the right to exclude the organisation from this any form of future procurement.  |
| Please enter the name of the person and contact number confirming the above declarations and the date of the confirmation.  |
| Signature:  |  |
| 15.1 | Name: |  |
| 15.2 | Position: |  |
| 15.3 | Date: |  |
| 15.4 | Telephone number: |  |
| 15.5 | Email address: |  |

| **16.** | **Evidence Checklist**  |
| --- | --- |
| Please ensure that when returning the completed Due Diligence Questionnaire that you include the following documentation/evidence: |
| 16.1 | Copy of most recent audited accounts for the last two years of trading or for the period that is available if trading for less than two years. |  |
| 16.2 | A statement of turnover, profit and loss and cash flow position for the most recent full year of trading (or part year if full year is not applicable) and an end period balance sheet where is information is not available in an audited form as set out above. |  |
| 16.3 | Evidence of current and valid Employers and Public Liability and Professional Indemnity Insurance. |  |
| 16.4 | Staffing Organisational Chart  |  |
| 16.5 | Quality Assurance Policy |  |
| 16.6 | Health and Safety Policy |  |
| 16.7 | Safeguarding Policy  |  |
| 16.8 | Whistleblowing Policy |  |
| 16.9 | Bullying & Harassment Policy  |  |
| 16.10 | Equality & Diversity Policy  |  |
| 16.11 | Data Protection Policy  |  |
| 16.12 | Information Security Policy  |  |
| 16.13 | Sustainability Policy  |  |

1. Please see <http://www.ukrlp.co.uk> [↑](#footnote-ref-0)
2. UK Register of Learning Providers<http://www.ukrlp.co.uk> [↑](#footnote-ref-1)
3. Standard Industry Classification Code [↑](#footnote-ref-2)
4. Promotion of fundamental British Values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. [↑](#footnote-ref-3)
5. https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/417943/Prevent\_Duty\_Guidance\_England\_Wales.pdf [↑](#footnote-ref-4)