

## Section A

### Information on the Construction Contractor

To be completed by the Contractor or each contractor making up a Construction Joint Venture. Where there is more than one Contractor, the section will be evaluated weighted approximately by each Contractors' proportion of the capital value.

#### A1 Details of Organisation

Registered Name:	
Current Trading Name:	
Previous Trading Names (if different):	
Registered Address:	
Telephone:	
Fax:	
E-mail:	
Registered No:	
Year of Registration:	
Country of Registration:	

#### A2 Type of Organisation

Private Limited Company		Public Limited Company	
Partnership		UK registered branch of overseas company	
Other (please specify)			

#### A3 Parent or Holding Companies

If the organisation named in A1 is a subsidiary of another organisation, please:

- Name the parent or holding company and indicate what interest the parent of holding company has in the company in A1
- If the parent company will be providing a guarantee to support the obligations of the named contractor in A1, provide a statement from the parent company stating that it is, in principle, prepared to support the contracting company, including the provision of performance guarantees;
- Provide the information required in A9 and A10.

#### A4 Name any other known sub-contractors and their roles, and if applicable areas in which you envisage using other as yet unidentified subcontractors for this Project.

Where sub-contractors are **key** to the Project (in the view of the bidder, or if highlighted as such by MaST LIFT CO in its Memorandum of Information), they should be identified as separate Relevant Organisations and the appropriate sections of this PQQ completed.

**A5** Healthcare LIFT Experience

Provide details of previous experience of LIFT in the last three years. Projects should be listed in order of decreasing capital value. Projects which are particularly relevant to the scope of this scheme (as set out in the Mol) should be highlighted.

<b>Project Name and Client Name</b>  <b>Provide name of main Contractor if you were subcontracted</b>	<b>Capital Cost</b> <b>£m</b>	<b>Status of project</b>	<b>Dates of involvement</b>	<b>Organisation's role</b>

**A6** PPP Experience

Provide details of previous experience of health and non-healthcare PPP in the last three years. Projects should be listed in order of decreasing capital value. Projects which are particularly relevant to the scope of this scheme (as set out in the Mol) should be highlighted.

<b>Project Name and Client Name</b>  <b>Provide name of main Contractor if you were subcontracted</b>	<b>Capital Cost</b> <b>£m</b>	<b>Status of project</b>	<b>Dates of involvement</b>	<b>Organisation's role</b>

**A7 Healthcare Experience (non PFI or LIFT)**

Provide details of healthcare projects undertaken in the last three years including the extent of the services or works for which the organisation was responsible and the dates of the organisation's involvement. Projects which are particularly relevant to the scope of this scheme (as set out in the Mol) should be highlighted.

<b>Project Name and Client Name</b> <b>Provide name of main Contractor if you were subcontracted</b>	<b>Capital Cost</b> <b>£m</b>	<b>Status of project</b>	<b>Dates of involvement</b>	<b>Organisation's role</b>

**A8 Other Relevant Experience**

Provide any evidence of non-health projects and non-PPP projects that demonstrate the organisation's experience in the last three years relevant to its proposed role in the PPP project. Projects which are particularly relevant to the scope of this scheme (as set out in the Mol) should be highlighted.

<b>Project Name and Client Name</b> <b>Provide name of main Contractor if you were subcontracted</b>	<b>Capital Cost</b> <b>£m</b>	<b>Status of project</b>	<b>Dates of involvement</b>	<b>Organisation's role</b>

**A9** Give details of any projects for contracts in excess of £1 million in which the organisation has been involved where there has been a failure to complete (by the scheduled completion date) or where there have been claims for damages, or where damages have been deducted or reserved within the last three years and where the amount of damages (claimed or ordered) is greater than £100,000. Include, for each project, reasons for the failure or claim.

**A10** Provide a statement of any material non-employment related litigation (pending, threatened or determined) or other legal proceedings against the organisation within the last three years that may affect the Consortium's ability to deliver this project or any of the projects in A5 to A8. Exclude Country Court proceedings and debt collection below a threshold of £5,000.

**A11** Provide details including contact name, address, telephone and fax number, and E-mail of three Client references from projects listed in A5 to A8.

**A12** Indicate the Relevant Organisations that will undertake the following roles on the Project:

<b>Role</b>	<b>Complete Section</b>	<b>Name of organisations (full title)</b>
Designer(s)	B	
M&E Advisor		
Structural Engineers		
Cost Consultant		
Other Adviser(s)		

**Quality assurance / Health & Safety / Environmental**

- A13** Does the organisation have, or is it seeking, certification under International, European, British or other quality standards (e.g. BS5750, BS EN ISO 9000 etc)? State the relevant quality standards.
- A14** Enclose copies of the written statement (as required by section 2(3) of the Health and Safety at Work Act 1974 and regulation 4 of the Management of Health and Safety at Work Regulations 1992) (or EU member state equivalent) of the Relevant Organisation’s
- General policy on health and safety at work
  - Allocation of organisational responsibilities at work
  - Adopted preventive and protective measures, such as safety codes of practice and safety instructions, relevant to the type of projects proposed, and its adopted arrangements for the effective planning, control, monitoring and review of these preventive and protective measures.
- A15** State the name and status of the person responsible for the implementation of the organisation’s Health and Safety policy.
- A16** Give brief details of safety audits and inspections carried out in similar activities to this Project, including details of frequency, whether records are kept and who is responsible for any remedial action.
- A17** State (and provide brief details if necessary) whether any Prohibition Notices or Improvement Notices (or EU equivalent) have been served on the organisation or any of its directors/managers in the last three years with respect to health and safety or fire safety issues in relation to PPP type projects, building projects and facilities management contracts or similar activities.
- A18** State the number of fatal accidents and major injury accidents (requiring immediate notification to the relevant Health and Safety enforcing authority) which have occurred to (a) the organisation’s employees over the past three years arising from the conduct of activities similar to those covered by PPP type projects, building projects or similar activities; (b) people other than its employees (e.g. members of the public) over the past three years arising from the conduct of such activities.
- A19** State whether there is or will be an environmental policy and/or “green” policy for any service likely to be provided in the proposed Project. If so, please state which part of the service the policy relates to.

**A20** Please state whether the Relevant Organisation operates an Environmental Management System (EMS) and if so, whether the EMS meets the standards in BS7750, ISO14001, EMAS or equivalent.

**Employment**

**A21** The organisation should provide:

- details of its policies for the training and supervision of staff. This should include, but not be limited to, training and supervision on health and safety matters; and
- details of its policies for the promotion, delivery and monitoring of Equal Opportunities.

**A22** How many staff are currently employed directly in the field of construction generally and LIFT, specifically.

Staff Type	All	All	PPP only	PPP only
	Full Time	Part Time	Full Time	Part Time
Managerial/ Supervisory				
Operational (Permanent)				
Operational (Casual)				
Total				

**A23** Provide a statement of your organisation’s average annual manpower over the past three years.

Staff Type	2008	2007	2006
Managerial/ Supervisory			
Operational (Permanent)			
Operational (Casual)			
Total			

**A24** Provide details of staff turnover as a percentage of the workforce for the last three years.

Staff Type	Turnover (%)		
	2008	2007	2006
Managerial/ Supervisory			
Operational (Permanent)			
Operational (Casual)			
Total			

## Section B

### Information on Advisers

All the Advisers identified at A12 should complete this section separately (the Designer(s) and Technical Adviser(s) are intended to include the companies providing the following services: Architectural Design; Structural Engineering Design; Civil Engineering Design; Mechanical and Electrical Engineering; Quantity Surveying; Health Facilities Planning etc).

#### B1 Details of Organisation

Registered Name:	
Current Trading Name:	
Previous Trading Names (if different):	
Registered Address:	
Telephone:	
Fax:	
E-mail:	
Registered No:	
Year of Registration:	
Country of Registration:	

#### B2 Type of Organisation

Private Limited Company		Public Limited Company	
Partnership		UK registered branch of overseas company	
Other (please specify)			

## Section C

### Declaration

On completion of the questionnaire, please read and sign the declaration below.

I certify that the information supplied in the questionnaire is accurate to the best of my knowledge and accords with the basic criteria of eligibility as set out in the Memorandum of Information dated.

I also understand 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 and that such action will empower the MaST LIFT CO to exclude Relevant Organisation from the selected list of bidders.

I agree that the NHS Trust may, if it so wishes, make inspections of completed projects, the details of which will be provided if required by the MaST LIFT CO to.

I hereby declare that I am authorised by the under mentioned Consortium and its member companies to supply the information given above and, at the date of signing, the information given is a true and accurate record.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

*Per pro:* \_\_\_\_\_

Date: \_\_\_\_\_

The declaration must be signed by an authorised signatory, in his/her own name, and for an on behalf of the Relevant Organisations

Please return this form with your completed questionnaire.