**VENDOR PRE-QUALIFICATION QUESTIONNAIRE**

*To be completed by the Vendor*

|  |  |
| --- | --- |
| **Study Details** | |
| Study Title: |  |
| R&I Reference: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **Organisation Details** | | | | | |
| 1.1 | Name of organisation: |  | | | | |
| 1.2 | Registered address: |  | | | | |
| 1.3 | Details of any other site locations: |  | | | | |
| 1.4 | Website address: |  | | | | |
| 1.5 | Organisation trading status, including any registration details:  *e.g. public limited company, limited company, limited liability partnership, sole trader, registered charity* |  | | | | |
| 1.6 | Name and job title of key contact: |  | | | | |
| 1.7 | Contact details of key contact: |  | | | | |
| 1.8 | What is the core business of the organisation? |  | | | | |
| 1.9 | Is the organisation part of a larger corporate structure? | YES | If yes, please provide details of any parent/holding/group company/companies |  | | |
| NO |  |
|  | | | | | | |
| **2** | **Finance** | | | | | |
| 2.1 | In the last 3 years, has the organisation had any CCJs issued against it? | YES | If yes, please provide details |  | | |
| NO |  |
| 2.2 | In the last 3 years, has the organisation had proceedings for a receiver, manager or administrator on behalf of a creditor appointed in respect of the organisation’s business? | YES | If yes, please provide details |  | | |
| NO |  |
|  | | | | | | |
| **3** | **Contracts** | | | | | |
| 3.1 | Are any subcontractors/third parties involved in delivering services? | YES | If yes, please provide details |  | | |
| NO |  |
| 3.2 | Is there a procedure in place for the selection and management of external contractors? | YES | If yes, please provide details |  | | |
| NO |  |
| 3.3 | Has the organisation been deselected as a supplier OR had any contract terminated OR had a contract not renewed in the last 12 months? | YES | If yes, please provide details |  | | |
| NO |  |
| 3.4 | Has the organisation had a claim for breach of contract brought against it in the last 5 years? | YES | If yes, please provide details |  | | |
| NO |  |
| 3.5 | Has the organisation had any previous dealings with North Bristol NHS Trust? | YES | If yes, please provide details |  | | |
| NO | If no, please provide details of a suitable external reference, who can provide a recommendation of the service |
|  | | | | | | |
| **4** | **Data Management** | | | | | |
| 4.1 | Is the organisation registered with the Information Commissioner’s Office? | YES | If yes, please provide the following:   * registration number * date of initial registration * date of expiry of registration |  | | |
| NO | If no, please advise why the organisation is not registered |
| 4.2 | Does the organisation use a secure and robust data storage system that complies with the requirements of GCP? | YES | If yes, please provide details |  | | |
| NO | If no, please provide explanation |
| 4.3 | Does the organisation have a robust data recovery plan that complies with GCP? | YES | If yes, please provide details |  | | |
| NO | If no, please provide explanation |
|  | | | | | | |
| **5** | **Quality Management and Assurance - *Please provide copies of any relevant Standard Operating Procedures with your completed***  ***questionnaire*** | | | | | |
| 5.1 | Does the organisation have a quality management system?  *e.g. SOPs covering the following areas:*   * *Sample management* * *Data management* * *Computer system validation* * *Document control* * *Facilities and equipment* * *Training* * *Archiving* * *Quality control and assurance* * *Change management* | YES | If yes, please provide details |  | | |
| NO |  |
| 5.2 | Does the organisation have an internal audit plan? | YES | If yes, please provide details |  | | |
| NO |  |
| 5.3 | Does the organisation have the following arrangements in place? :   * security measures * disaster recovery plans * business continuity | YES | If yes, please provide details |  | | |
| NO | If no, please provide explanation |
|  | | | | | | |
| **6** | **Registration – *please provide copies of any relevant certificates with your completed questionnaire*** | | | | | |
| 6.1 | Is the organisation regulated? | YES | If yes, please confirm name of regulatory body/bodies |  | | |
| NO |  |
| 6.2 | Does the organisation belong to any professional bodies? | YES | If yes, please confirm name of professional body/bodies |  | | |
| NO |  |
| 6.3 | Does the organisation hold any professional accreditations or certificates? | YES | If yes, please provide details |  | | |
| NO |  |
| 6.4 | Has the organisation been inspected by a regulatory authority in the last 5 years? | YES | If yes, please provide details and findings |  | | |
| NO |  |
|  | | | | | | |
| **7** | **Insurance *- please provide copies of insurance certificates or broker’s confirmation letters with your completed questionnaire*** | | | | | |
| Please indicate the insurance details as requested by type: | | | | | | |
|  | | | | | | |
| *Insurance Type* | | *Cover held (Yes/No)* | | *Amount of Cover (£)* | *Start Date of Cover* | *End Date of Cover* |
| Public liability | |  | |  |  |  |
| Employers liability | |  | |  |  |  |
| Product liability | |  | |  |  |  |
| Professional liability | |  | |  |  |  |
|  | | | | | | |
| **8** | **Additional Information** | | | | | |
| 8.1 | Please provide any other information/documentation that you believe is relevant: |  | | | | |

Signed:

Name:

Position:

Date:

Please submit the completed questionnaire to [researchsponsor@nbt.nhs.uk](mailto:researchsponsor@nbt.nhs.uk)