**VENDOR PRE-QUALIFICATION QUESTIONNAIRE**

*To be completed by the Vendor*

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

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| **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 [ ]  |  |
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| **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 [ ]  |  |
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| **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 [ ]  |  |
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| **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