|  |  |
| --- | --- |
| ***Remploy Provider Framework Expression of Interest*** |  |

We are pleased to issue you with our Expression of Interest (EOI) form which must be completed in full and returned electronically to: [es.supplychain@remploy.co.uk](mailto:es.supplychain@remploy.co.uk) to enable you to join our approved Provider Directory. The Provider Directory has been designed so potential suppliers are alerted to opportunities to work with Remploy in the quickest and most efficient way possible and for our colleagues to contact you should they be interested in the services you offer. If you have any questions relating to this EOI please contact the above email address.

|  |  |
| --- | --- |
| **1.1 Organisation details:** Please provide details about your organisation | |
| Organisationname |  |
| Trading name (if different) |  |
| Registered address |  |
| County |  |
| Post code |  |
| Website address |  |
| Company registration and/ or charity no |  |
| VAT registration number |  |
| Title (Mr, Mrs, Miss, Ms, Dr) & name of main contact: |  |
| Job title of main contact |  |
| Contact details of main contact: |  |
| Address: |  |
| Tel no (office) |  |
| Tel no (mobile) |  |
| Email address |  |
| Alternative email address: |  |

|  |  |
| --- | --- |
| **1.2 Parent company:** Please give details of your parent company (if applicable) | |
| Parent company name |  |
| Registered address |  |
| Post code |  |
| Company registration and/ or charity no |  |
| Please confirm your relationship with immediate controlling parent company | Wholly owned subsidiary  More than half owned  Other relationship (please include below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sector information (please select an option from question 1.3) |  |

|  |  |
| --- | --- |
| **1.3 Sector information:** Please select the box which best describes the legal status of your organisation | |
| Private limited company |  |
| Charity / 3rd sector |  |
| Public sector |  |
| Social enterprise |  |
| Consortium / SPV |  |
| Other (please specify) |  |
| Is the organisation a national, regional or local? |  |

|  |  |
| --- | --- |
| **1.4 Services offered:** Please indicate which services you can offer (multiple boxes may be selected). | |
| **End to end providers**: Able to deliver mainstream employment /skills provision to a wide range of customers across one or more CPAs |  |
| **Specialist end to end providers:** Able to deliver employment/ skills provision to a specific customer group across one or more CPAs or to a wide range of customers across one CPA. |  |
| **Specialist providers:** Delivering specific elements of the service to particular customer groups. |  |
| **Statutory referral organisations:** Organisations who are able to refer customers onto the Work Choice programme |  |

|  |
| --- |
| **2.1 Financial information:** Please provide a few basic details about your financial situation. |
| **If requested, can you provide three years audited accounts or prepared financial statements?** Yes  No  **If No, please provide the reasons why not:** |
| Please provide the last three years financial turnover: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **20\_ \_ / 20 \_ \_** | **20\_ \_ / 20 \_ \_** | **20\_ \_ / 20 \_ \_** |
| **Turnover:** |  |  |  |

|  |
| --- |
| **3.1 Employees: Please specify the number of employees in your organisation:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3.2** What percentage of employees are identified as: | | | | | |
| **BAME** |  | **Have a disability** |  | **Female** |  |

|  |  |
| --- | --- |
| ***4.1 Ofsted Pre Sept 2012.*** Please state the date and the grade achieved in your most recent ALI/Ofsted Inspection as Prime Provider, if applicable (or equivalent Estyn, HMIe). If the relevant inspection body does not use a 1 – 4 grading system, please select the one which is the closest equivalent, where 1 = Excellent; 2 = Good; 3 = Satisfactory and 4 = Unsatisfactory. | |
| **We have not been inspected by any of the above bodies (select box):** |  |
| Contract inspected: |  |
| Date inspected |  |
| Overall grade | 1  2  3  4 |
| Equivalent grade (e.g. Estyn) | 1  2  3  4 |
| Minimum level of performance level (if applicable) |  |

|  |  |
| --- | --- |
| ***4.2 Ofsted Post Sept 2012.*** Please state the date and the grade achieved in your most recent ALI/Ofsted Inspection as a Prime Provider. | |
| **We have not been inspected by Ofsted post Sept 2012 (select box):** |  |
| Contract inspected: |  |
| Date inspected |  |
| Overall effectiveness of provision | 1  2  3  4 |

|  |  |  |
| --- | --- | --- |
| **4.3 Provider Assurance Team** (**PAT):** If you currently deliver DWP, DEL and/or SFA contracts as a Prime Provider, please list your most recent PAT inspection grades (or equivalent). Please reference the date of the audit and the contract it relates to | | |
| **We have not been subject to a PAT inspection in the last 3 years (select box):** | |  |
| Contract name | Date of audit | Assurance grading |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **4.4:** If you have received an unsatisfactory or weak grading in either an OFSTED (or equivalent inspection) or a weak grade in a PAT inspection please outline the reasons below and the steps you have taken to rectify the score received. |
|  |

|  |  |  |
| --- | --- | --- |
| **4.5 Standards:** Please specify the standards your organisation currently holds | | |
| **Matrix** | **Working towards**  **Holds standard**  **Holds excellence award** |  |
| **Others** (please specify) |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.6 Insurance Policies:** Please specify insurance policies held, values and renewal date | | | |
|  |  | **Value** | **Date of renewal** |
| **Employer’s liability** | Yes  No |  |  |
| **Public liability** | Yes  No |  |  |
| **Professional indemnity** | Yes  No |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.1** Please indicate the customer group, services and specialisms you have experience of delivering | | | |
| **Customer Group** | | **Services** | |
| General/ All |  | Employability |  |
| Women |  | Training & qualifications |  |
| Young people |  | Support services |  |
| 50 plus |  | Workplace assessments |  |
| Lone parent |  | **Specialism** | |
| BME |  | Housing |  |
| Gay & lesbian |  | Legal |  |
| Ex-offender |  | Drug/ alcohol |  |
| Drug & alcohol abuse |  | Self-employment |  |
| Homeless |  | Mental health |  |
| Refugees |  | Learning difficulties |  |
| Disabilities / learning difficulties |  | Physical difficulties |  |
| Ex-service personal |  | Work experience |  |
| Whole families |  | Financial/ benefits / debt advice |  |
| Other |  | Interpreters |  |
| Carers |  | Creative industries |  |
|  | | Domestic violence |  |
| Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **6.1 Area(s) of interest:** Please indicate below all areas where you can deliver your services. | | | |
| Scotland |  | East Midlands |  |
| Wales |  | West Midlands  (Birmingham, Solihull & Black Country) |  |
| Northern Ireland |  | West Midlands  (Coventry, Warwickshire, Staff & the Marches) |  |
| North East of England |  | London  (West) |  |
| North West of England  (Merseyside, Halton, Cumbria & Lancashire) |  | London  (East) |  |
| North West of England  (Greater Manchester, Cheshire & Warrington) |  | South East  (Berks, Bucks, Oxford, Hampshire) |  |
| Yorkshire and The Humber  (NE Yorkshire & Humber) |  | South East  (Kent, Surrey & Sussex) |  |
| Yorkshire and The Humber  (west Yorkshire) |  | South West of England  (Gloucester, Wiltshire & West of England) |  |
| Yorkshire and The Humber  (south Yorkshire) |  | South West of England  (Devin, Cornwall, Dorset & Somerset) |  |
|  |  | East of England |  |

**.**

|  |  |  |
| --- | --- | --- |
| **6.2 Premises:** Please provide the following information regarding your current premises. | | |
| The number of premises you currently operate from | |  |
| Please list your locations below | | |
|  | | |
| Have all sites had an accessibility audit? | Yes  No | |
| Are there any accessibility issues?Please list any issues below | | |
|  | | |
| Are appropriate procedures in place to deal with any accidents that may occur? | Yes  No | |
| Are regular risk assessments carried out? | Yes  No | |
| Where appropriate are arrangements made to provide participants with H&S induction and training to cover activities undertaken? | Yes  No | |
| Where appropriate are arrangements made to provide participants with appropriate personal protective equipment? | Yes  No | |

|  |  |  |
| --- | --- | --- |
| **7.1 Policies:** Please indicate which of the following policies your organisation has and the last review date | | |
| **Essential policies** | **Policy held?** | **Last reviewed?** |
| Anti-bribery |  |  |
| Fraud protection |  |  |
| Data protection & storage |  |  |
| Equality & diversity |  |  |
| Health & safety |  |  |
| Safeguarding (vulnerable adults and child) |  |  |
| Information security |  |  |
| **Other important policies** | **Policy held?** | **Last reviewed?** |
| Staff incentives or bonus scheme |  |  |
| Business continuity |  |  |
| Whistle blowing |  |  |
| Bullying & harassment |  |  |
| Safety of work placements |  |  |
| Environmental & sustainability |  |  |
| Quality |  |  |
| Recruitment & personnel |  |  |
| TUPE |  |  |
| Disciplinary & grievance |  |  |
| Complaints & harassment |  |  |
| If you believe that any of the above policies are not applicable to your organisation or they are covered in other policies please state which ones and why here: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **7.2 Equality and safeguarding:** Please indicate how each of the following questions relates to your organisation. | | | |
| Do you comply with statutory obligations under UK equalities legislation? | | **Yes  No** | |
| Do you have a written policy on equal opportunities and where required by law equality schemes relating to the provision of services and the workplace | | **Yes  No** | |
| Do all staff receive equality training? | | **Yes  No** | |
| Do all staff receive safeguarding training? | | **Yes  No** | |
| Have all staff and volunteers undertaken DBS (CRB) checks or Disclosure Scotland (Scotland only)? | | **Yes  No** | |
| If Staff have undertaken DBS (CRB) checks at what level has the disclosure/ check taken place? | **Basic**  **Enhanced**  **Enhanced & barred** | |  |
| Have these checks been deemed satisfactory and any potential risks managed and mitigated? | | **Yes  No** | |
| In the last 3 years have any findings of unlawful discrimination been made against your organisation? | | **Yes  No** | |
| In the last 3 years has your organisation been subject of formal investigation by the equalities and Human Right Commission?  **If Yes, please provide some more detail and explanation below** | | **Yes  No** | |
|  | | | |
| **7.3 Modern Slavery Act 2015** | | | |
| Please confirm that your working practices conform to the Modern Slavery Act? | | **Yes  No** | |
| If your turnover is £36million or above have you prepared a statement in line with the Modern Slavery Act 2015? | | **Yes  No** | |
| If not, when do you plan to do so? | | | |
|  | | | |

|  |
| --- |
| **7.4 Contracts:** Has your organisation had any contracts terminated over the last three years?  Yes  No  If ‘Yes’, please give details and reasons below |
|  |

|  |
| --- |
| **7.5** Please give a brief overview of your organisation including areas not covered elsewhere in this form. This may include your unique selling points, organisational culture, top three strengths and current provision/activity for example. (max of 500 words). |
|  |

|  |
| --- |
| **7.6** Please give details of pre-existing relationships or agreements with Remploy, its employees or directors: |
|  |

|  |  |
| --- | --- |
| **8.1: Declarations:** Please answer the following questions giving full explanation of any yes answers | |
| 1. Has a receiving or administrative order or winding up order been made against your organisation or an individual or has a winding up order been passed or a receiver, manager, administrator equivalent been appointed?  **If Yes, please provide some more detail and explanation** | **Yes  No** |
| Explanation: | |
| 2. Have any directors or senior managers of your organisation been found guilty of fraud, been involved in any company which has had a winding up order or had an administrator appointed, or been disqualified from being a director?  **If Yes, please provide some more detail and explanation** | **Yes  No** |
| Explanation: | |
| 3. Are there any legal proceedings, including bankruptcy or winding up petitions, in progress that might affect the performance of contract obligations and has your organisation been prosecuted under EU or national law in the last three years?  **If Yes, please provide some more detail and explanation** | **Yes  No** |
| Explanation: | |
| 4. Has your organisation ever failed to fulfil any obligations regarding payment of social security obligations, payment of UK taxes, possession of a licence, or membership of an organisation where the law of the state required it?  **If Yes, please provide some more detail and explanation** | **Yes  No** |
| Explanation: | |
|  |  |

|  |  |
| --- | --- |
| Name of the person completing this form: |  |
| Position within the organisation: |  |
| Date the form was completed: |  |

**Declaration:** By signing this Expression of Interest I confirmthe information contained in it is true, correct and complete. I understand that any misrepresentation may invalidate the application for my organisation to join the Remploy Provider Directory.

Please note that Remploy reserves the right to audit the information provided in this Expression of Interest.

Enabling Remploy to contact you on a periodic basis will allow us to keep your organisational information up to date on our system and continue to alert you to specific opportunities when they arise, please confirm your preferred methods of communication.

|  |  |
| --- | --- |
| **Contact Methods (select boxes):** | |
| **Email** | Yes  No |
| **Bulk email** | Yes  No |
| **Phone** | Yes  No |
| **Fax** | Yes  No |
| **Mail** | Yes  No |
| **Preferred method of contact** |  |
| **Do you wish to receive information material from Remploy?** | Yes  No |

Upon inclusion on the Provider Directory, Remploy may wish to share some of the basic information you have provided to our existing supply chain partners delivering contracts on our behalf. This will be limited to your contact details, the customer groups you support, areas of services and specialisms. If you would like to opt out of your details being shared with our delivery partners please select the box.