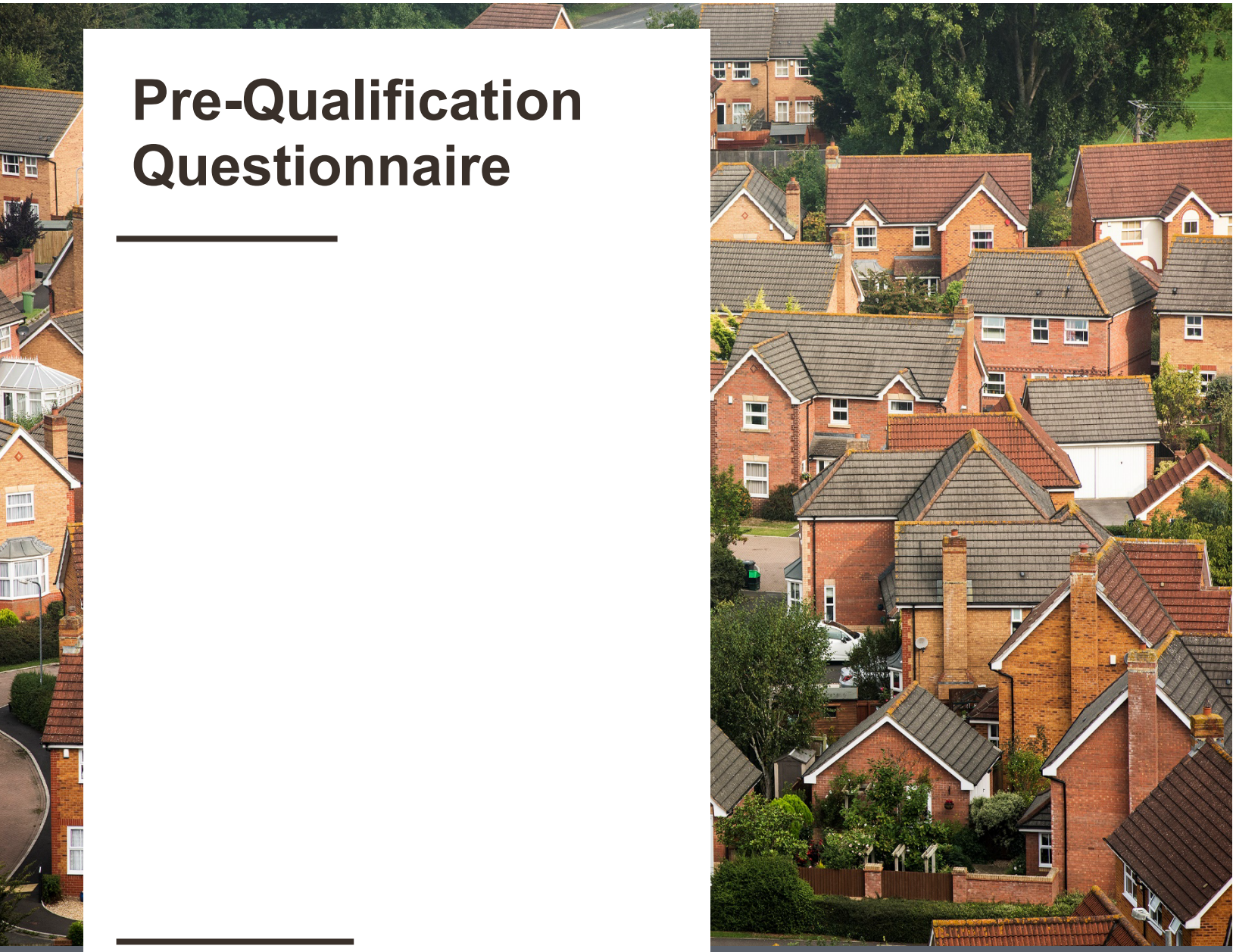


Pre-Qualification Questionnaire

The RTR Group Nationwide Limited
37 Purdeys Way
Rochford
Essex
SS4 1ND
Telephone: 01702 870078

Guidance and Notes

This document is the Pre-Qualification Questionnaire (PQQ) issued to contractors, sub-contractors and suppliers who express an interest in providing services for The RTR Group Nationwide Limited. The information is required to assess your organisation's suitability to become an appropriate provider.

The word organisation refers to a sole trader, partnership, incorporated company or other business entity, or similar entity operating outside the UK as appropriate.

Any information or documents submitted in response to this questionnaire must relate to the applicant only. The applicant is the organisation that will enter into a formal agreement with The RTR Group Nationwide Limited.

Please answer all questions as accurately and concisely as possible in the same order as the questions are presented. Where a question is not relevant to your organisation, please indicate with N/A.

If additional space is needed for any answer, continue on a separate sheet of paper. Any additional pages and supporting documentation must clearly state the details and question number to which it relates.

If you have any queries, please contact our office on 01702 870078 or by email at compliance@thertrgroup.co.uk.

Completed questionnaires and supporting documents must be returned **within 10 days** of receipt of questionnaire. Please email to compliance@thertrgroup.co.uk or post to The RTR Group Nationwide Limited, 37 Purdeys Way, Rochford, Essex SS4 1ND.

Please note: Our insurance company requires all sub-contractors to hold a minimum Public Liability Insurance of £5 million.

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Section 1 – Contact Details

Company Name	
Address	
Web Address	
Contact Name	
Position	
Telephone Number	
Email	

Section 2 – Company Information

Company Registration Number				
VAT Number				
UTR Number				
Company Type	☐ Sole Trader	☐ Partnership	☐ Limited Company	☐ PLC
Years Trading				
Bank Name				
Bank Address				
Account Name				
Sort Code				
Account Number				

Section 3 – Services

Please check the relevant boxes to indicate which services your organisation offers:

☐ Asbestos Management & Removal	☐ Kitchens
☐ Audio Visual & IT	☐ Labour Supply
☐ Balustrading & Metalwork	☐ Landscaping Hard
☐ Brickwork	☐ Landscaping Soft
☐ Carpentry	☐ Mastic & Sealing
☐ Cleaning	☐ Painting & Decoration
☐ Demolition	☐ Piling
☐ Drainage	☐ Plastering & Drylining
☐ Electrical	☐ Plumbing & Heating
☐ External Stone	☐ Pre–Cast Concrete Floors
☐ Fencing	☐ Rainwater Goods
☐ Fireplaces	☐ Roofing
☐ Floor Finishes – Carpet	☐ Scaffolding
☐ Floor Finishes – Tiling	☐ Security Guards
☐ Floor Finishes – Wood/Parquet	☐ Show Home & Soft Furnishings
☐ Garage Doors	☐ Tanking & Waterproofing
☐ General Building & Maintenance	☐ Timber Frame
☐ Glazing	☐ Tree Surgery
☐ Groundworks	☐ Ventilation & Air Conditioning
☐ Hoarding & Temporary Fencing	☐ Wall Tiling
☐ Joinery	☐ Windows & External Doors
☐ Others (please specify):	

Please check the relevant boxes to indicate which post code areas you cover:

☐ SS	☐ RM	☐ CM	☐ IG
☐ EN	☐ UB	☐ CO	☐ IP
☐ AL	☐ GU	☐ TN	☐ CB
☐ NR	☐ CT	☐ ME	☐ N
☐ E	☐ SE	☐ SW	☐ W
☐ DA	☐ HA	☐ RH	☐ SG
☐ NW	☐ WC	☐ EC	
☐ Others (please specify):			

Section 4 – Insurance Information

Name of Insurance Broker	

Please give details of insurances held and supply copies of certificates:

Public Liability	£	Expiry Date:
Employer's Liability	£	Expiry Date:
Products Liability	£	Expiry Date:
Professional Indemnity	£	Expiry Date:
Other (specify)	£	Expiry Date:

Section 5 – Accident Analysis

Please provide details of accident statistics over the past three years:

	Last Year	Previous Year 1	Previous Year 2
Number of Employees?			
Number of HSE reportable injuries?			
Number of non-reportable accidents?			
Number of fatalities?			
Number of prosecutions? (give details)			
Number of prohibition notices? (give details)			
Number of improvement notices? (give details)			

Details:

Section 6 – Organisation

Do you hold any qualifications or certificates in relation to your services?	If yes, supply a copy
Do you have a company organisation chart?	If yes, supply a copy
Do you have an Equality & Diversity Policy?	If yes, supply a copy
Do you have a Modern Slavery Policy?	If yes, supply a copy
Does your company have an Anti-Bribery/Anti-Corruption Policy?	If yes, supply a copy
Is your company subject to any current or outstanding claims or litigation?	If yes, provide details

Details:

Please provide client contact/reference details of two previous jobs:

Client & Contact Name	Project	Length of Contract	Value of Contract

Section 7 – General Health & Safety

Please answer the below questions and supply supporting documents or examples if affirmative:

Does your company have a Health & Safety Policy?	
Does your company have an Environmental Policy?	
Do you have a procedure for creating RAMS & COSHH Assessments?	

Do you maintain a training matrix to ensure the competence of staff?	
Does your company hold any ISO certificates? (9001, 14001 or 45001)	

Please provide the name, qualifications and/or experience of your internal Health & Safety Co-Ordinator. If you also use an external source, please provide full details:
Internal –
External –

Section 8 – Applicants Undertaking

I certify that the information supplied is true and accurate to the best of my knowledge, and I agree to the subcontractor terms and conditions and SSLAs

To be signed by an authorised representative in their own name.

NAME:	
SIGNED:	
JOB TITLE:	
DATE:	

Before returning this form, where applicable, please ensure that you have adhered to the following:

- Answered all questions.
- Signed the above undertaking.
- Enclosed the relevant documents and supporting evidence for the application. (including Insurance Documents, Organisational Chart, Equality & Diversity policy, Modern Slavery policy, Anti-Bribery/Corruption policy, Qualifications or Certificates, Health & Safety policy, Environmental policy, Examples of RAMS & COSHH assessments, Training Matrix, ISO Certificates.