**Public Health**

**Providers’ Application Form**

**Kirklees Community Smoking Cessation**

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**Document Checklist**

This document comprises of all of the information we need you to complete and submit as part of this application. The checklist below is for you to use to make sure you are confident that you have completed all of the sections that are needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **You must ensure that you have:** | | | | |
|  |  | | | | |
|  | * Understood **ALL** documents | | | | |
|  | * Completed **ALL** sections | | | | |
|  | * Enclosed **ALL** relevant documents | | | | |
|  | * Cross referenced **ALL** enclosures to the appropriate requests for information | | | | |
|  | * Marked **ALL** enclosures with the name of the Applicant | | | | |
|  |  | | | | |
| **2** | **Please tick to indicate that you are returning the following, fully completed:** | | | | |
| **Section** | **Description** | **Tick box below** |
| **Selection Criteria** | | |
| **A** | Application Form |  |
| **Required Information** | | |
| **B** | Freedom of Information |  |

Please note that unless stated otherwise the words “**Tenderer**”, “**Applicant**”, “**You**”/ “**Your**” or “**Provider**” refer to the business entity completing the questionnaire whatever its legal status and whether on behalf of the consortium or not.

**Stage 1**

**Application Criteria**

1. **Application Form**

**Introduction**

Kirklees Council (“the **Council**”) has established a Standing List for organisations wishing to provide Smoking Cessation within the Community from 1st April 2022. Applications to provide this service can be made at any time until informed otherwise by the Council.

Applications must be made by completing this Application Form and returning it, together with the requested supporting information, via [publichealthcommissioning@kirklees.gov.uk](mailto:publichealthcommissioning@kirklees.gov.uk). Submissions can only be made by electronic means. Hard Copy submissions will not be accepted.

**Purpose of this Application Form**

This Application Form, together with the required supplementary information, will be used to assess whether it is appropriate for the Applicant Organisation to be contracted to provide Smoking Cessation within the community.

To complete this application form, the Applicant should ensure they have read the Contract and the Specifications in full.

Once the application has been evaluated the Applicant organisation will be notified of the outcome and, if successful, will be required to sign and adhere to the Contract.

Once appointed, it is then your responsibility to ensure on an annual basis that all required documentation and evidence is forwarded to the Council. It is also your responsibility to ensure Public Health Commissioning are informed of any changes to your key contact details and bank details.

**Completion of this Application**

The “**Commissioner**” means the Council of the Borough of Kirklees’, or anyone acting on behalf of the Commissioner, that is seeking to invite suitable Providers to participate in this process.

The words “**Tenderer**”, “**Applicant**”, “**You**”/ “**Your**” or “**Provider**” means the body completing these questions **i.e. the legal entity seeking to be invited to the next stage of the procurement process and responsible for the information provided.** These words are intended to cover any **economic operator** as defined by the **Public Contracts Regulations 2015** and could be a registered company; charitable organisation; Voluntary Community and Social Enterprise (‘**VCSE**’); Special Purpose Vehicle (‘**SPV**’); or other form of entity.

This Application has been designed to assess the suitability of a Provider to deliver the Commissioner’s requirement(s). If you are successful at this stage of the Application process, you will be awarded a Contract for the delivery of Smoking Cessation.

Please ensure that all questions are completed in full, and in the format requested. Failure to do so may result in your submission being **disqualified**. If the question does not apply to you, please state clearly “**N/A**”.

Should you need to provide additional **Appendices** in response to the questions, these should be numbered clearly and listed as part of your declaration. A template for providing additional information is provided at the end of this document.

**Verification of Information Provided**

When requesting evidence that the Provider can meet the specified requirements (such as the questions in **Section 3** of this application relating to **Technical and Professional Ability**) the Commissioner may only obtain such evidence after the final evaluation decision i.e. from the awarding of a contract only.

**Evaluating this Application Form:**

The rresponses to this Application Form shall be primarily for ***information purposes only***.

**HOWEVER**, any answer within **any** **Sections** which provides insufficient or false information about the Tenderer’s ability to properly perform the Contract which leads the Commissioner, acting reasonably, to conclude that it would be inappropriate to select the Tenderer on this occasion, may result in **exclusion**.

In accordance with the requirements of **Section 3.4**, please provide copies of your organisation’s current insurance certificates in respect of Public Liability and Employer’s Liability.

**VAT**

If you are a health professional (GPs, nurses and pharmacists) and the service is within the profession in which you are registered to practise and the primary purpose of the service is the protection, maintenance or restoration of the health of the person concerned, the service is exempt from VAT. Pharmacy practices however need to note that where the service does not require the skills and experience of a pharmacist and could be carried out by another member of staff or the pharmacist’s provision of health education or information goes no further than issuing standard leaflets, then it is a standard rated service. Any invoices that include VAT must also include the appropriate VAT registration details.

**Confidentiality**

When providing details of contracts in answering **Section 3** of this Application Form (**Technical and Professional Ability**), the Provider agrees to waive any contractual or other confidentiality rights and obligations associated with these contracts.

The Commissioner confirms that it will keep confidential and will not disclose to any third parties any information obtained from a named customer contact, other than to the Cabinet Office and/or contracting authorities defined by the Public Contracts Regulations 2015.

# **SELECTION CRITERIA**

**A: STANDARD SELECTION QUESTIONNAIRE (‘SQ’)**

**Part 1: Potential Supplier Information**

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| --- | --- | --- | --- |
| **Section 1** | **Potential supplier information** | | |
| **Question number** | **Question** | **Response** | |
| **1.1(a)** | Full name of the potential supplier submitting the information: | Click here to enter text. | |
| **1.1(b) – (i)** | Registered office address  (if applicable): | Click here to enter text. | |
| **1.1(b) – (ii)** | Registered website address  (if applicable): | Click here to enter text. | |
| **1.1(c)** | Trading status   1. public limited company 2. limited company 3. limited liability partnership 4. other partnership 5. sole trader 6. third sector 7. other (please specify your trading status) | Click here to enter text. | |
| **1.1(d)** | Date of registration in country of origin: | Click here to enter text. | |
| **1.1(e)** | Company registration number  (if applicable): | Click here to enter text. | |
| **1.1(f)** | Charity registration number  (if applicable): | Click here to enter text. | |
| **1.1(g)** | Head office DUNS number  (if applicable): | Click here to enter text. | |
| **1.1(h)** | Registered VAT number: | Click here to enter text. | |
| **1.1(i) – (i)** | If applicable, is your organisation registered with the appropriate professional or trade register(s) in the member state where it is established? | Yes |  |
| No |  |
| N/A |  |
| **1.1(i) – (ii)** | If you responded yes to 1.1(i) - (i), please provide the relevant details, including the registration number(s). | Click here to enter text. | |
| **1.1(j) – (i)** | Is it a legal requirement in the state where you are established for you to possess a particular authorisation, or be a member of a particular organisation in order to provide the services specified in this procurement? | Yes |  |
| No |  |
| **1.1(j) – (ii)** | If you responded yes to 1.1(j) - (i), please provide additional details of what is required and confirmation that you have complied with this. | Click here to enter text. | |
| **1.1(k)** | Trading name(s) that will be used if successful in this procurement | Click here to enter text. | |
| **1.1(l)** | Relevant classifications (state whether you fall within one of these, and if so which one)  a) Voluntary Community Social Enterprise (VCSE)  b) Sheltered Workshop  c) Public service mutual | Click here to enter text. | |
| **1.1(m)** | Are you a Small, Medium or Micro Enterprise (SME)[[1]](#footnote-1)? | Yes |  |
| No |  |

1. **ECONOMIC AND FINANCIAL STANDING**

**For non-GP applicants please ignore**

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| --- | --- | --- | --- | --- | --- |
| **4.1** | **For GP practices only:**  **Does your GP contract (GMS, PMS, AMS) mean that you have already received some payment for Public Health type activity?** | | | | |
| Yes | |  | No |  |
| **If ‘Yes’, please give details below**  ***Please note***  **By signing this application, you are declaring that you are NOT claiming for activity that you have already received payment for. Where this is found to be the case, money will be reclaimed against the relevant activity.** | | | | | |
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**3 TECHNICAL AND PROFESSIONAL ABILITY**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1** | | **Have you ever provided a smoking cessation service, or equivalent, before?** | | | | | | | | | | | | | | | | |
| Activity | | | | | | | | | | | | | | Period | | | | |
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| **3.2** | | If you cannot provide at least one (1) example above, in **no more than five hundred (500) words,** please provide an explanation for this and why it would be appropriate for you to be contracted to deliver this service e.g. your organisation is a new start-up working directly with the priority groups. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Providers who self-certify that they meet the requirements for these additional modules will be required to provide evidence of this if they are successful in their application.  Please indicate your answer by marking ‘X’ in the relevant boxes. | | | | | | | | | | | | | | | | | | |
| **3.3** | | **The following information required from all Providers who are bidding for this Programme.** | | | | | | | | | | | | | | | | |
|  | | It is the duty of the organisation commissioned to provide the Community Smoking Cessation service to ensure that all individuals delivering this service are:   * Suitable to deliver the service, which may be demonstrated to the provider’s satisfaction by one or more of the following examples;   + Evidence of declaration of any convictions to an applicable registration body.   + Evidence of training and adherence to an organisational Safeguarding Policy in line with the [Safeguarding Adults West and North Yorkshire and York Multi-Agency Policy and Procedures](http://www.kirklees.gov.uk/community/yourneighbourhood/crimeSafety/pdf/safeguardingAdultPolicyProcSummary.pdf)[[2]](#footnote-2)   + Evidence that Staff who are in direct contact with Children and/or Vulnerable Adults have no disbarring convictions (e.g. through Enhanced DBS clearance). * Can demonstrate they are competent to deliver the service, which will be demonstrated by;   + Evidence of Brief interventions training in Smoking Cessation (including ‘Very Brief Advice on Smoking’ and the ‘Practitioner Training: Core Competencies in Helping People Stop Smoking’ available at [www.ncsct.co.uk](http://www.ncsct.co.uk))   + Evidence of Intermediate Advisor training   Do you currently, or do you agree that before the Service Commencement Date of your Contract, that you shall have policies and procedures in place to ensure you adhere to relevant guidance and standards governing the requirements outlined with the Smoking Cessation Specification and outlined above? | | | | | | | | | | | | | | | | |
| Yes | | | |  | | | No | | |  | |
|  | | Once qualified do you agree that you shall have policies and procedures in place to ensure you adhere to all relevant guidance and standards governing the requirements outlined with the **Smoking Cessation Specification**. These includes;   * One annual knowledge update * One annual peer support session * supporting a minimum of 12 smokers to stop smoking per year | | | | | | | | | | | | | | | | | |
| Yes | | |  | | | No | | |  | | | | |
|  | | Please confirm that your organisation has policies and practices in place to ensure the infection prevention and control standards are met in accordance with the Health and Social Care Act 2008, the Code of practice on the prevention and control of infections and related guidance (Revised 2010) reducing the risk of microbial contamination through everyday practice that minimises the risk of infection to patients, staff and visitors. | | | | | | | | | | | | | | | | | |
| Yes | | |  | | | No | | |  | | | |
| **3.4** | | **Please self-certify whether you already have, or can commit to obtain, prior to the Commencement Date of the Contract (i.e. 1st April 2022), the levels of insurance cover indicated below:** | | | | | | | | | | | | | | | |
|  | | Employer’s (Compulsory) Liability Insurance | | | | | | **£ 10,000,000 (in relation to any one claim or series of claims)** | | | | | | | | | |
| Public Liability Insurance | | | | | | **£ 10,000,000 (in relation to any one claim or series of claims)** | | | | | | | | | |
| Yes | |  | No | | | | | |  | | |
| **3.5** | | **Equality legislation compliance** | | | | | | | | | | | | | | | |
|  | | In the last **three (3) years**, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or in comparable proceedings in any jurisdiction other than the UK)? | | | | | | | | | | | | | | | |
| Yes | |  | No | | | | | |  | | |
|  | | In the last **three (3) years**, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds of alleged unlawful discrimination? | | | | | | | | | | | | | | | |
| Yes | |  | No | | | | | |  | | |
| **If you have answered ‘Yes’ to one or both of the questions in this module, please provide, as a separate Appendix, a summary of the nature of the investigation and an explanation of the outcome of the investigation to date.**  **If the investigation upheld the complaint against your organisation, please use the Appendix to explain what action (if any) you have taken to prevent unlawful discrimination from reoccurring.**  **You may be excluded if you are unable to demonstrate to the Commissioner’s satisfaction that appropriate remedial action has been taken to prevent similar unlawful discrimination reoccurring.** | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | | | | |  | | |
| **3.6** | | **Health and Safety** | | | | | | | | | | | | | | | |
|  | | Please self-certify that your organisation has a Health and Safety Policy that complies with current legislative requirements. | | | | | | | | | | | | | | | |
| Yes | |  | No | | | | | |  | | |
|  | | If you use Sub-contractors, do you have processes in place to check whether any of the above circumstances apply to these other organisations? | | | | | | | | | | | | | | | |
| Yes | |  | No | | | | | |  | | |

**4 DECLARATION**

**Contact details and declaration**

I declare that to the best of my knowledge the answers submitted and information contained in this document are correct and accurate.

I declare that, upon request and without delay I will provide the certificates or documentary evidence referred to in this document.

I understand that the information will be used in the selection process to assess my organisation’s suitability to be invited to participate further in this procurement.

I understand that the Authority may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any Section.

I am aware of the consequences of serious misrepresentation.

|  |  |  |
| --- | --- | --- |
| **Section 1** | **Contact details and declaration** | |
| **Question number** | **Question** | **Response** |
| **1.3(a)** | **Contact name** | Click here to enter text. |
| **1.3(b)** | **Name of organisation** | Click here to enter text. |
| **1.3(c)** | **Role in organisation** | Click here to enter text. |
| **1.3(d)** | **Phone number** | Click here to enter text. |
| **1.3(e)** | **E-mail address** | Click here to enter text. |
| **1.3(f)** | **Postal address** | Click here to enter text. |
| **1.3(g)** | **Signature (electronic is acceptable)** | Click here to enter text. |
| **1.3(h)** | **Date** | Click here to enter text. |

**Before returning this application, please make sure you have:**

**• answered all questions appropriate to your application**

**• signed the declaration at Section 4**

**• enclosed all relevant documents**

**Required Information**

1. **Freedom of Information Schedule**

**IMPORTANT NOTICE TO ALL APPLICANTS**

The Commissioner is a public authority within the meaning of the **Freedom of Information Act 2000** and/or any other legislation requiring disclosure of information such as without limitation the **Environmental Information Regulations 2004** and associated codes of practice (for the purposes of this document the “**FOI Legislation**”) and therefore any requests for information held by the Commissioner or another person on the Commissioner’s behalf (for example a Provider) must be dealt with in accordance with the FOI Legislation.

As part of its duties and responsibilities under the FOI Legislation the Commissioner may be required to disclose information relating to any Tender or contract with any supplier or partner, to any person making a request. It may also publish some of that information in its Publication Scheme under the FOI Legislation.

If any information provided to the Commissioner contains trade secrets or is considered by the Tenderer genuinely to be commercially sensitive it should be stated explicitly (see the **Freedom of Information Schedule** **below**). In such cases any request for disclosure of the relevant material will be examined in the light of the exemptions contained in the FOI Legislation and public interest test and genuinely confidential information that is explicitly stated to be so that is exempt from disclosure will not be disclosed. The Tenderer will be consulted before disclosure of any information expressly stated by the Tenderer to be confidential is made, unless the Commissioner has made it clear in advance that this type of information would be disclosed.

The Commissioner will **NOT** accept information on terms that purport to prevent any possible future disclosure of information in compliance with the law. For instance the Commissioner cannot accept restriction of disclosure where the information supplied is not genuinely commercially sensitive or confidential in nature.

The Commissioner reserves the right to disclose details of the Contract or procurement process (for example, name of successful Tenderer and overall Contract price) and will **NOT** be liable for loss or damage Tenderers may suffer from the Commissioner’s disclosure of information in accordance with FOI Legislation.

|  |  |  |
| --- | --- | --- |
|  |  | **INFORMATION SUBMITTED AND CONSIDERED BY THE TENDERER AS CONFIDENTIAL/COMMERCIALLY SENSITIVE UNDER THE FREEDOM OF INFORMATION ACT 2000, etc.** |
| **1** | **Document Submitted** |  |
| **2** | **Section/Paragraph of document** |  |
| **3** | **Specify the information/wording considered to be confidential/commercially sensitive** |  |
| **4** | **Reasons/justifications for information being confidential/commercially sensitive** |  |
| **5** | **Timescale which information under (3) shall be confidential** |  |
| **6** | **Specify Exemption**  **Confidential or**  **Commercially Sensitive** |  |

1. See EU definition of SME <https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en> [↑](#footnote-ref-1)
2. http://www.kirklees.gov.uk/community/yourneighbourhood/crimeSafety/pdf/safeguardingAdultPolicyProcSummary.pdf [↑](#footnote-ref-2)