

**Business2Business UK Limited Provider Framework Application Form**

[Business2Business](http://www.business2businesslimited.com/index.html) has a strong track record of successfully leading publicly funded skills and employability programmes. To prepare for the launch of the Commercial Agreement for Employment and Health Related Services (CAEHRS), the UK Shared Prosperity Fund (UKSPF) and other publicly funded programmes, Business2business are inviting applications from employment and skills providers across England and Wales that wish to join our framework of supply chain partners. Providers that applied to join our framework when first launched in October 2019 need not reapply as all applicants at that time were successful.

We are looking to deliver future projects by working in partnership with a wide range of employment and skills providers including specialist providers of welfare to work, work-based learning, supported employment and self-employment support.

We are particularly keen to receive framework applications from organisations that have strong engagement with participants and employers, the capacity and expertise to meet participant needs and a successful track record of delivering publicly funded skills and/or employability programmes in their LEP area(s).

If you wish to work in partnership with Business2Business to deliver projects funded through the CAEHRS, UKSPF and other publicly funded programmes, please complete the application form below and return to Rob Gray, Strategic Development Officer, at [rob@business2businesslimited.com](mailto:rob@business2businesslimited.com)

Please note that your completion of this application will enable Business2Business to assess your organisation’s suitability and availability to work with us and does not imply any contractual agreement between Business2Businessand your organisation.

As tender opportunities arise, we will identify relevant and skilled partners to include in our tenders through a fair and open process based on the information supplied in response to the application form questions, ensuring full geographical coverage.

Before incorporating your organisation in a specific tender, we will, at the time of tendering, seek confirmation that your organisation wishes to be involved, request additional information as needed to meet the requirements of the project specification and negotiate and agree contract value and volumes.

Please try to stay within word limits where stated. Bullet point responses are fine.

1. **About your organisation**

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| **1.1 Organisation details** | | |
| Name of organisation |  | |
| Head Office address |  | |
| Name of main contact |  | |
| Job title |  | |
| Contact e-mail |  | |
| Contact telephone number |  | |
| Contact mobile number |  | |
| Please confirm whether you wish to receive further communications by email or telephone contact about future partnership opportunities, which may include the following but not limited to opportunity notices, news and events. Upon request, we can provide our privacy notice. | Yes  No | |
| Website |  | |
| Type of organisation (public, private, VCS) |  | |
| Number of staff |  | |
| Matrix Accredited? | Yes  No | |
| Company / Charity Number |  | |
| VAT number |  | |
| Latest CQC inspection ratings (if applicable) |  | |
| Date of last CQC inspection (if applicable) |  | |
| Latest Ofsted Grade (for skills providers only) |  | |
| Date of last Ofsted inspection (for skills providers only) |  | |
| html Link to latest Ofsted report |  | |
| UKPRN (for skills providers only) |  | |
| Register of Training Organisations number (for skills providers only) |  | |
| Legal status | Private Limited Company |  |
| Public Limited Company |  |
| Registered Charity |  |
| Public Sector |  |
| Other (please describe): |  |
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| If your organisation is a subsidiary of a parent company, please supply its:   * Full name * Registered office address (if applicable) * Registration number (if applicable) * Head office DUNS number (if applicable) * Head office VAT number (if applicable)   (Please enter N/A if not applicable) |  | |

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| **1.2 Provider type:** Please indicate what type of provider you are | |
| **Employment support provider**  Able to deliver a caseworker-supported customer journey leading to employment |  |
| **Customer group specific employment support provider**  Able to deliver a caseworker-supported customer journey designed to support a specific customer group to enter employment e.g. Supported Employment for people with learning difficulties and disabilities |  |
| **Skills provider**  Able to deliver long and short skills interventions e.g. Apprenticeships, Functional Skills qualifications, sector-specific work academies etc. |  |
| **Specialist intervention provider**  Able to deliver specific elements of support, possibly to particular customer groups e.g. well-being activity for people with mental health conditions |  |
| **Strategic Partner**  Able to offer complementary services such as LMI gathering or able to act as a facilitator e.g. by hosting fora and networks etc. |  |

1. **Services**

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| **2.1 Services offered:** Please indicate which services you can offer | |
| Keyworker/personal adviser/mentor support for the duration of an individuals’ programme |  |
| Needs assessment |  |
| Person-centred action planning |  |
| Motivational activities |  |
| Employability skills provision including interview skills |  |
| One to one job search support |  |
| Job matching |  |
| CV creation |  |
| Advice on transport solutions |  |
| One to one business start-up adviser support through which you provide one to one business mentoring, business planning and business advice on finance, legal, premises and marketing issues |  |
| English and/or maths skills provision |  |
| English for speakers of other languages (ESOL) provision |  |
| Sector-based work academies/pre-employment training |  |
| Life skills and / or personal and social development skills provision |  |
| ICT skills provision |  |
| Apprenticeships provision |  |
| Pre-employment vocational skills provision |  |
| Vocational skills provision for employed people |  |
| Industry Certified Training such as CSCS etc.… |  |
| Support for people with mental health conditions |  |
| Support for people with physical health conditions |  |
| Support for disabled people or people with sensory impairments |  |
| Support for people with learning disabilities |  |
| Support for young people aged 16 to 19 |  |
| Support for single parents and families |  |
| Support for people with caring responsibilities |  |
| Support for people with drug or alcohol dependency |  |
| Support for people from Black or minority ethnic groups |  |
| Support for Women returners to the labour market |  |
| Support for ex-offenders and / or People at risk of offending |  |
| Support for travellers |  |
| Support for victims of domestic abuse |  |
| Mentoring support |  |
| Employer engagement |  |
| Organising volunteering opportunities for participants in other organisations |  |
| Organising work experience opportunities for participants in other organisations |  |
| In-work support |  |
| Organising and running local careers events |  |
| Debt, Money Management and financial advice |  |
| Housing advice and/or support for homeless people |  |
| LMI data gathering and analysis |  |

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| **2.2 Skills Capacity**: If you are interested in delivering accredited or non-accredited vocational training as part of your offer, please attach a list of the highest volume qualifications or training programmes you have delivered within publicly funded programmes | | | |
| Name | Level | Awarding organisation (if regulated) | Learning aim reference number |
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| **2.3 Human Resources**: What staff resource do you have which would enable you to start delivering the service from Day 1 of the contract? Please tell us about the competences and experience of your staff and their qualifications, including the assessor and IQA qualifications of your skills staff (max 300 words) |
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| **2.4 Programme Capacity**: What is the maximum number of participants and/or employers you could support in a year (max 300 words) |
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| **2.5 Please describe your delivery premises** | | | | |
| Full address and postcode of each delivery/outreach centre | Fixed or outreach premises | Public Transport Links e.g. distance from trains and buses | Facilities available e.g. training and interview rooms | Confirmation that  premises (if applicable) comply with the Equality Act 2010  Yes/No |
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| **2.6 Performance**: Please detail up to five contracts which you have delivered over the last five years that demonstrate your range of service delivery and performance. | | | | |
| Funding or Lead Contractor | Contract name, delivery dates and total value | Delivery Details | Outcome or success rates Targets (e.g. 45% into employment, 85% qualification achievement) | Performance against outcome or success rate targets (e.g. 48% into employment, 90% qualification achievement) |
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| **2.7 Quality**: Please provide a description of your approach to quality improvement, including the outcome from any recent self-assessments, and if delivering skills provision, your Teaching Learning and Assessment observation process, profile and schedule, and any Ofsted reports/outcomes. |
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1. **Your locality**

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| **3.1 Delivery location: Please tell us in which localities you can deliver** | |
| Location | Please check box if able to deliver in the location listed |
| BLACK COUNTRY |  |
| BUCKINGHAMSHIRE |  |
| CHESHIRE & WARRINGTON |  |
| COAST TO CAPITAL |  |
| CORNWALL & ISLES OF SCILLY |  |
| COVENTRY & WARWICKSHIRE |  |
| CUMBRIA |  |
| D2N2 (Derby, Derbyshire, Nottingham & Nottinghamshire) |  |
| DORSET |  |
| ENTERPRISE M3 |  |
| GLOUCESTERSHIRE |  |
| GREATER BIRMINGHAM & SOLIHULL |  |
| CAMBRIDGESHIRE AND PETERBOROUGH COMBINED AUTHORITY |  |
| GREATER LINCOLNSHIRE |  |
| GREATER MANCHESTER |  |
| HEART OF THE SOUTH WEST |  |
| HERTFORDSHIRE |  |
| HUMBER |  |
| LANCASHIRE |  |
| LEEDS CITY REGION |  |
| LEICESTER &  LEICESTERSHIRE |  |
| LIVERPOOL CITY REGION |  |
| LEAP (London) |  |
| NEW ANGLIA (Norfolk and Suffolk) |  |
| NORTH EAST |  |
| OXFORDSHIRE |  |
| SHEFFIELD CITY REGION |  |
| SOLENT |  |
| SOUTH EAST |  |
| SOUTH EAST MIDLANDS |  |
| STOKE-ON-TRENT &  STAFFORDSHIRE |  |
| SWINDON & WILTSHIRE |  |
| TEES VALLEY |  |
| THAMES VALLEY BERKS |  |
| THE MARCHES |  |
| WEST OF ENGLAND |  |
| WORCESTERSHIRE |  |
| YORK, NORTH YORSHIRE AND EAST RDING |  |
| NORTH WALES |  |
| CENTRAL WALES |  |
| SOUTH WALES |  |

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| **3.2 Engagement**: Please provide a brief description of your approach to engagement. Please mention any stakeholders, service providers and community organisations that you work with to engage participants. (max 200 words). Please disregard this question if you only engage participants through employers. |
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| **3.3 Your employer engagement**: Please provide a brief description of your employer engagement activity and any major future labour market opportunities in your locality. (200 words) |
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| **3.4 Your partnerships**: Please list the key stakeholders and partner organisations that support your organisation, project or participants e.g. LEPs, business networks, growth hubs, health care providers and specialist support providers. | |
| Partner organisation: | The support they provide: |
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## **Policies**

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| **4.1 Please indicate which policies your organisation has developed** | **Policy held** |
| Fraud Protection | *Yes* |
| Data Protection and Storage | Yes |
| Information Security Policy | Yes |
| Retention of Records and Storage Policy | Yes |
| Equality and Diversity | Yes |
| DDA Policy | Yes |
| Information Security Policy | Yes |
| Health and Safety | Yes |
| Quality | Yes |
| Safeguarding *(adults and children*  *at risk of being vulnerable)* | Yes |
| Complaints and Harassment | Yes |
| Environmental Sustainability | Yes |
| Anti-Bribery Policy | Yes |
| Business Continuity | Yes |
| Business Code of Ethics | Yes |
| Disciplinary & Grievance Policy | Yes |
| Whistle-blowing Policy | Yes |
| Recruitment & Personnel Policy | Yes |
| Other (please state): | Yes |

1. **GDPR - General Data Protection Regulations**

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| 1. **Ple5.1 Please let us know** | | |
| Have you ever had to report a breach of confidentiality? | *Yes* | *No* |
| Does your organisation comply with the GDPR Guidelines? | *Yes* | *No* |
| Have your staff been trained to work within the guidelines? | *Yes* | *No* |
| Do you have an organisational Privacy Notice? | *Yes* | *No* |

1. **DBS check**

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| 1. **Ple6.1 Please let us know if your staff have been DBS checked** | | |
| Are all your delivery managers and staff DBS checked | *Yes* | *No* |

1. **Standards and accreditation**

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| **7.1** Please detail any standards and accreditations your organisation currently holds or is working towards | | |
|  | Achieved | *Working towards* |
| Investors in people | *Yes* | *Yes* |
| Merlin standard | *Yes* | *Yes* |
| MATRIX | *Yes* | *Yes* |
| CCQI | *Yes* | *Yes* |
| APPTS | *Yes* | *Yes* |
| PQASSO | *Yes* | *Yes* |
| Customer First | *Yes* | *Yes* |
| Momenta Accredited | *Yes* | *Yes* |
| ISO27001 | *Yes* | *Yes* |
| ISO9001 | *Yes* | *Yes* |
| ISO14001 | *Yes* | *Yes* |
| EQFM Excellence | *Yes* | *Yes* |
| IPPF | *Yes* | *Yes* |
| Training Quality Standard | *Yes* | *Yes* |
| Total Quality Management | *Yes* | *Yes* |
| Disability Confident | *Yes* | *Yes* |
| Mindful Employer | *Yes* | *Yes* |
| Fair Train (Work Experience) Standard | *Yes* | *Yes* |
| Other (please specify) | *Yes* | *Yes* |

1. **Initial Due Diligence** – full due diligence will be undertaken at Stage 2

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| **8.1 Due Diligence**: Please provide some brief financial details | | |
| 8.1.1 Last financial year turnover |  | |
| 8.1.2 Last financial year profit / loss |  | |
| 8.1.3 Value of employer’s liability insurance |  | |
| 8.1.4 Value of public liability insurance |  | |
| 8.1.5 Value of professional indemnity insurance |  | |
| 8.1.6 If requested can you provide three years’ audited accounts or prepared financial statements? | *Yes* | *No* |
| Are there any mortgages and/or charges against the assets of the organisation and any guarantees in favour of and/or issued by the organisation, or any other contingent liabilities If there are any mortgages, charges or guarantees or any other contingent liabilities please provide details including the circumstances under which they may crystallise. | *Yes* | *No* |
| If your organisation is part of a group, please provide a statement of the support that will be offered by other group companies for the delivery of the contract. Where cross group guarantees are in place, please provide the appropriate financial statements to confirm the financial stability of the organisation providing the guarantee, together with consolidated group accounts, where appropriate | *Statement attached* | *N/A* |
| 8.1.7 Has your organisation, as a result of any significant or persistent deficiencies in the performance of a substantive requirement under a prior public contract, had any contracts terminated or had to pay damages or endure other comparable sanctions? | *Yes* | *No* |
| 8.1.8 Has a receiving /administrative or winding up order been made against the organisation or an individual or has a winding up order been passed or a receiver, manager, administrator equivalent been appointed? | *Yes* | *No* |
| 8.1.9 Have any of the Directors, senior managers or trustees of the 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? | *Yes* | *No* |
| 8.1.10 Are there legal proceedings, including bankruptcy or winding up petitions in progress that may affect the performance of contract obligations or has the organisation been prosecuted under EU/National law in the last three years? | *Yes* | *No* |
| 8.1.11 Has the organisation ever failed to fulfil any obligations regarding the payment of social security/UK taxes or possession of a licence/membership of an organisation where the law required it? | *Yes* | *No* |
| 8.1.12 If you have answered yes to question 8.1.11, please provide further details. Please also confirm you have paid or have entered into a binding arrangement with a view to paying, the outstanding sum including where applicable any accrued interest and/or fines. |  | |
| 8.1.13 Please indicate if, within the past five years you, your organisation or any other person who has powers of representation, decision or control in the organisation been convicted anywhere in the world of any of the offences:   * Participation in a criminal organisation. * Corruption. * Terrorist offences or offences linked to terrorist activities * Money laundering or terrorist financing * Child labour and other forms of trafficking in human beings | *Yes* | *No* |
| * + 1. If you have answered yes to question   8.1.13, please provide further details including the date of conviction, the nature of the conviction, the reasons for conviction and identity of who has been convicted.  If the relevant documentation is available electronically please provide the web address, issuing authority, precise reference of the documents |  | |
| 8.1.15 If you have answered Yes to question 8.1.13 have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (Self-Cleaning) |  |  |
| 8.1.16 Please indicate if, within the past three years, anywhere in the world any of the following situations have applied to you, your organisation or any other person who has powers of representation, decision or control in the organisation.   * Breach of environmental obligations? * Breach of social obligations? * Breach of labour law obligations? * Guilty of grave professional misconduct? * Entered into agreements with other economic operators aimed at distorting competition? | *Yes* | *No* |
| 8.1.17 If you have answered Yes to any of the above, explain what measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (Self-Cleaning) |  | |

1. **Additional Information**

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| **9.1** Please include any additional information here that you would like to submit |
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1. **Declaration**

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| I declare that to the best of my knowledge the information given in this application is reliable, accurate and true (Please note, electronic signatures are acceptable) | |
| Name: |  |
| Signature: |  |
| Position: |  |
| Authorised to sign on behalf of: |  |
| Date: |  |