# Suitability Assessment Questionnaire

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| *for* |  |
| *for* | *Projecy Title* |

**Document ID QW3**

Office of Government Procurement

Suitability Assessment Works/Services Specialists

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| **PROJECT TITLE:** CA Entry | **DOCUMENT ID. QW3** |
| **Form for Specialist proposed by** | |

**SUITABILITY ASSESSMENT FOR**

CA Entry: Description of the Specialist Area of Work corresponding with QW1, subsection 1.6 or 1.7

**Introduction**

The purpose of this suitability assessment questionnaire is to obtain information from specialist applicants to determine their eligibility for the position of Specialist subcontractor to the main Contractor on a particular project that require the Specialist subcontractor to undertake the specialist works as identified above by the Contracting Authority.

The term *Specialist* is used here to describe a business that has a particular area of construction-related expertise that is of interest to a Contracting Authority.

This document is in three main parts:

* Section 1 gives details of the project and the requirements. The Contracting Authority completes it prior to issuing the questionnaire.
* Section 2 is used to collect basic information about the Specialist. If the Contracting Authority requires details in addition to the standard details, the Contracting Authority must specify these requirements prior to the issuing the questionnaire. The Specialist must then use the form to provide the required details.
* Section 3 details the criteria that will be used to evaluate the applications. Prior to issuing questionnaire, the Contracting Authority specifies the criteria that will be used; the Specialist must then use the form to provide the required details and to confirm that other required information is appended or will be submitted on request as indicated by completing the checkbox associated with each criterion.

This document is a protected MS Word form (text outside of form fields is protected). The Specialist should use only those fields marked ‘Specialist Entry’. Other form fields containing project-specific information provided by the Contracting Authority must not be altered. Should a Specialist applicant alter any project-specific information in the questionnaire and submit it in its amended state as the Specialist applicant’s response, the applicant will be automatically disqualified. The Specialist should provide only evidence that is current up to the date of submission as indicated below. All signatures must be supplied in hardcopy.

**Time and date for return of Questionnaire:**

|  |  |
| --- | --- |
| Time and Date: | CA Entry |
| Return Name and Address (if different from *Contracting Authority* details in Section 1, below) | CA Entry |

**SECTION 1: PROJECT PARTICULARS**

**1.1 Project Information**

|  |  |
| --- | --- |
| **Project Title:** | CA Entry |
| Approximate Size and General Description of the Specialist Works: | CA Entry: Give a brief description and scope of the specialist works. |
| Main CPV Code: | CA Entry: State CPV code as in the EU Contract Notice. |
| Proposed Number of Specialists to be shortlisted: | CA Entry |

**1.2 Contracting Authority Information**

|  |  |
| --- | --- |
| Contracting Authority Name: | CA Entry |
| Contracting Authority Address: | CA Entry |
| Contact Name: | CA Entry |
| Contact Address (if different from Contracting Authority): | CA Entry |
| Contact Telephone No: | CA Entry |
| Contact Fax No: | CA Entry |
| Contact Mobile Phone No: | CA Entry |
| Contact Email Address: | CA Entry |

**1.3 Specialist Requirement**

CA Note: Indicate the purpose to which this form is being put using the drop-down list below and delete the explanatory text below that does not reference the selected option.

|  |
| --- |
| **The purpose of this form is qualification of the specialist applying for:** |

A. The successful specialist is to be named in the Main Contract tender documents as one of a panel for the specialist work identified at the beginning of this questionnaire and may subsequently be included in the tender submission for Main Contractor. This questionnaire is provided to facilitate an assessment of suitability for an independent specialist. Responses accompanied with appropriate evidence should be submitted directly to the Contracting Authority.

B. The successful specialist is qualified for the specialist work identified at the beginning of this questionnaire and may subsequently be appointed as subcontractor by the Main Contractor. This questionnaire is provided to facilitate an assessment of suitability for a specialist proposed by the Main Contractor applicant. Responses accompanied with appropriate evidence should be submitted as part of the Main Contractor's application.

C. The successful specialist is qualified for the specialist work identified at the beginning of this questionnaire and may subsequently be appointed as subcontractor by the Main Contractor. This questionnaire is provided to facilitate an assessment of suitability for a specialist proposed by the Main Contractor as an alternative to the specialist(s) named in the main contract tender documents. Responses accompanied with appropriate evidence should be submitted with the Main Contractor candidate's tender.

* 1. **Project Category**

|  |  |
| --- | --- |
| Project categorisation for assessment of Works Specialist and proposed specialists. |  |

* 1. **Health and Safety**

The successful specialist will be required to comply with the Safety, Health and Welfare at Work Act 2005 and any subsequent Safety, Health and Welfare legislation including the requirement to have a Safety Statement. The successful specialist will also be required to comply with the Safety, Health and Welfare at Work (Construction) Regulations 2013, particularly in relation to the appointment of the Works Specialist.

|  |
| --- |
| **Areas of work involving Particular Risks known to Contracting Authority at issue of questionnaire:** |
| CA Entry: Describe here any known areas of the works involving particular risks, as defined in the Safety, Health and Welfare at Work (Construction) Regulations 2013. |

**SECTION 2: SPECIALIST DETAILS**

CA Note: 2.1, 2.2 and 2.3 are used to collect standard basic information from the Applicant. If you require any additional details relating to company structure, you should list these requirements in 2.4 or indicate 'not required'.

The Specialist must complete this section.

* 1. **Specialist’s Details**

|  |  |
| --- | --- |
| Name of Specialist: | Specialist Entry |
| Address of Registered Head Office: | Specialist Entry |
| Address(es) of Other Relevant Office(s): | Specialist Entry or NA |
| Date Business Commenced Trading: | Specialist Entry |
| Company Telephone: | Specialist Entry |
| Company Fax: | Specialist Entry |
| Company Email Address: | Specialist Entry |

This box to be filled in if the company is a subsidiary.

|  |  |
| --- | --- |
| Name and address of parent firm and interest parent has in Specialist’s firm (for example, wholly owned by single parent company): | Specialist Entry or NA |

This box to be filled in if there are other companies in a group that will be involved in the contract.

|  |  |
| --- | --- |
| Name and address of other companies in the group involved in this contract: | Specialist Entry or NA |

* 1. **Specialist’s Authorised Representative**

There is no need to enter address, telephone, fax and email if identical to company details in 2.1.

|  |  |
| --- | --- |
| Name of Authorised Representative: | Specialist Entry |
| Representative’s Address: | Specialist Entry or NA |
| Representative’s Telephone: | Specialist Entry or NA |
| Representative’s Fax: | Specialist Entry or NA |
| Representative’s Email Address: | Specialist Entry or NA |

* 1. **Nature of Specialist**

|  |  |
| --- | --- |
| Nature of Specialist (for example, sole trader, private limited company, public limited company): | Specialist Entry |

|  |  |
| --- | --- |
| **Limited Company (Public or Private)** |  |
| Company Registration Number: | Specialist Entry or NA |
| Year established: | Specialist Entry or NA |
| Number of years actively trading under present name: | Specialist Entry or NA |
| Name of Chairman/  CEO/MD: | Specialist Entry or NA |
| Interest of Chairman/CEO/MD in other companies: | Specialist Entry or NA |
| Changes to group structures or mergers over the past 5 years: | Specialist Entry or NA |

* 1. **Additional Specialist Company Details**

Additional details of the Specialist’s Company are requested below if required

CA Note: if not in use enter 'Not Applicable' in each column

|  |  |
| --- | --- |
| CA Entry (optional)  CA Entry (optional)  CA Entry (optional) | Specialist Entry  Specialist Entry  Specialist Entry |

**SECTION 3: ASSESSMENT CRITERIA**

The criteria that will be used in evaluating submissions are set out in this section. Criteria are:

Pass/Fail Only – have requirements that must be met in full. If failed, the Specialist is eliminated from the competition.

Qualitative - have minimum Pass/Fail requirements as above, but if these are passed the criterion is qualitatively evaluated; each such criterion is given an allocation of marks (weighing) to calculate the Specialist's overall score, as indicated below.

All Health and Safety criteria are simple Pass/Fail criteria only; reference subsections 3.4.1 and 3.4.2.

CA Note: If using option B from the beginning of this form all criteria are Pass/Fail Only and the previous two text fields should be deleted.

The Specialist must complete this section by attaching (where requested) the required information in appendices numbered according to the criteria here and then ticking the relevant box to confirm the attachment.

* For each criterion marked as **Response: ‘DECLARATION ‘X’ REQUIRED’ OR ‘REQUIRED’**, Specialists must provide the information specified in the corresponding section of the form no later than the date set for the return of the form, and, where appropriate, confirm in the box provided that it is included with the completed questionnaire. Failure to do so could invalidate the submission.
* For criteria marked as **Response: SUBMIT ON REQUEST**, specialists should provide the information if requested (that is if the Contracting Authority does not already have such up-to-date material on file) before the commencement of the evaluation exercise as notified by the Contracting Authority.
* For criteria marked as **Response: NOT REQUIRED**, specialists should not provide the information.
* For H&S criteria marked as **Response: NOT APPLICIBLE**, applicants should not provide the information. This should be selected for all the criteria in a H&S supplement when the supplement is not required for the principal service(s) in the questionnaire.

If a Specialist is submitting multiple forms that require common information for any one project, it may be possible to submit such information just once, if clearance (in writing, for example, letter or email) to do so is obtained in advance from the Contracting Authority.

After the closing date, specialists may be asked to provide detailed backup information at after short-listing to confirm that the declarations provided are genuine.

**CONTRACTING AUTHORITY’S ASSESSMENT SCHEME AND APPLICANT’S SUMMARY**

CA Note: in the table below confirm which of the criteria are applicable by choosing 'Yes' for those being used and 'No' for those which are not. Indicate in the next column whether or not criteria are to be evaluated as Pass/Fail only. Where qualitative evaluation is being used choose 'No'. Where the objective of the assessment is option B and Specialist proposal by the Main Contractor applicant has been indicated at 1.3, qualitative assessment should not be used for any of the criteria.

Specialists: Please use the table below to ensure your submission is complete; for each criterion being used you should write Y (for yes) or NA (for Not Applicable) in the box under Specialist’s Response to indicate that you have followed the relevant instructions in this questionnaire and provided the required information. If Qualitative Assessment is selected for any criterion listed below the weighting and marks for that criterion is on page 9.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.[[1]](#footnote-1)** | **Requirement/Criterion** | **Applicable** | **Type of Evaluation** | **Specialist’s Response** | |
| **3.1** | **SPECIALIST’S PERSONAL SITUATION** | **Yes** | **Pass/Fail Only** | Specialist Entry | |
| **3.2** | **PROFESSIONAL OR TRADE REGISTER** |  |  | Specialist Entry | |
| **3.3** | **FINANCIAL & ECONOMIC STANDING** | | | | |
| 3.3a | Evidence of Turnover |  |  | Specialist Entry | |
| 3.3b | Balance Sheet or Extracts from a Balance Sheet |  |  | Specialist Entry | |
| 3.3c | Banker’s Letter |  |  | Specialist Entry | |
| 3.3d | Other Financial/Economic Information/References |  |  | Specialist Entry | |
| 3.3e | Professional Indemnity Insurance |  |  | Specialist Entry | |
| 3.3f | Public Liability Insurance |  |  | Specialist Entry | |
| 3.3g | Employer Liability Insurance |  |  | Specialist Entry | |
| **3.4** | **TECHNICAL CAPABILITY (competency of )** | | |  |  |
| 3.4a | Educational and Professional Qualifications (Managerial) |  |  |  | Specialist Entry |
| 3.4b | Educational and Professional Qualifications (Personnel) |  |  |  | Specialist Entry |
| 3.4c | List Works of a Similar Nature Provided over the Past Years |  |  |  | Specialist Entry |
| 3.4d | Measures for Ensuring Quality |  |  |  | Specialist Entry |
| 3.4e | Average Annual Manpower Past 3 Yrs |  |  |  | Specialist Entry |
| 3.4f | Technical Equipment Available |  |  |  | Specialist Entry |

**Specialist (Health and Safety) Supplement**

The following supplement to the main table must **always** be filled in by the Specialist.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Requirement/Criterion** | | **Applicable** | | **Pass/Fail Only** | **Specialist’s Response** |
| **3.4.1** | **TECHNICAL CAPABILITY (Health and Safety competence of Works Specialist).** | | | | | |
| 3.4.1a | Educational and Professional Qualifications (Managerial) |  | |  | | Specialist Entry |
| 3.4.1b | Educational and Professional Qualifications (Personnel) |  | |  | | Specialist Entry |
| 3.4.1c | List Projects of a Similar Nature Provided over the Past 5 Years |  | |  | | Specialist Entry |
| 3.4.1d | Measures for Ensuring Quality |  | |  | | Specialist Entry |
| 3.4.1e | Average Annual Manpower over the Past 3 Years |  | |  | | Specialist Entry |
| 3.4.1f | Technical Equipment Available |  | |  | | Specialist Entry |

**Specialist with Design (Health & Safety) Supplement**

The following supplement to the main table must be filled in by the Specialist where there is an element of design in the specialist area of work identified in Section 1.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Requirement/Criterion** | | **Applicable** | | **Pass/Fail Only** | **Specialist’s Response** |
| **3.4.2** | **TECHNICAL CAPABILITY (Health and Safety competence of).** | | | | | |
| 3.4.2a | Educational and Professional Qualifications (Managerial) |  | |  | | Specialist Entry |
| 3.4.2b | Educational and Professional Qualifications (Personnel) |  | |  | | Specialist Entry |
| 3.4.2c | List Projects of a Similar Nature Provided over the Past 3 Years |  | |  | | Specialist Entry |
| 3.4.2d | Measures for Ensuring Quality |  | |  | | Specialist Entry |
| 3.4.2e | Average Annual Manpower over the Past 3 Years |  | |  | | Specialist Entry |
| 3.4.2f | Technical Equipment Available |  | |  | | Specialist Entry |

**QUALITATIVE ASSESSMENT – WEIGHTING**

CA Note: If Qualitative Assessment is to be used and weightings have been decided enter the appropriate % and marks allocated in the outer column. If Qualitative Assessment is not to be used enter NA.

The Contracting Authority’s Qualitative Assessment scheme is outlined in the table below if available.

NOTE: Weightings for Qualitative Assessment criteria may not have been decided at the time of issue of this Questionnaire; they will be available before the latest date for receipt of submissions.

|  |  |  |
| --- | --- | --- |
| **No.** | **Requirement/Criterion** | **% Weighting**  **and Marks** |
| **3.4** | **TECHNICAL CAPABILITY** | |
| 3.4a | Educational and Professional Qualifications (Managerial) | CA Entry |
| 3.4b | Educational and Professional Qualifications (Personnel) | CA Entry |
| 3.4c | List Projects of a Similar Nature Provided over the Past Years | CA Entry |

**Note: Whilst the criteria below are taken from Directive 2004/18/EC and SI Number 329 of 2006 they can equally be applied to works specialist procurements below EU thresholds 3.1 EVIDENCE OF SPECIALIST’S PERSONAL SITUATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **RESPONSE:** |  |  | **TYPE OF EVALUATION:**  **PASS/FAIL ONLY** |

If any one of the grounds specified in Article 54 of Directive 2004/17/EC (and Regulation 56 of S1 No 50 of 2007) or Articles 45 and 51of Directive 2004/18/EC (and Regulation 53 of SI No 329 of 2006) apply to the specialist or any member of the specialist Consortium or Joint Venture or their parent companies, the specialist will be excluded from this competition[[2]](#footnote-2) (subject to footnote). To confirm that none of these grounds apply, the DECLARATION FORM[[3]](#footnote-3) supplied with this questionnaire (see Appendix A) must be included with the submission[[4]](#footnote-4) signed and witnessed within the past 12 months.

Prior to appointment, the successful specialist will be required to produce a current tax clearance certificate or C2 certificate; or a statement of suitability on tax grounds and current certificates from a relevant non-Irish country.

|  |  |
| --- | --- |
| Specialist Entry: Check the appropriate box to confirm that the standard declaration form relating to your personal situation  (a) has been completed, signed, witnessed, and is included with your response as Appendix 3.1 (if Response is REQUIRED), or  (b) will be completed, signed, witnessed and submitted at the appropriate time if requested (if Response is SUBMIT ON REQUEST). |  |

**3.2 ENROLMENT ON PROFESSIONAL OR TRADE REGISTER**

|  |  |
| --- | --- |
| **RESPONSE:** | **TYPE OF EVALUATION:** |

Provide evidence of enrolment on a relevant Professional or Trade Register in accordance with **Article 54 of Directive 2004/17/EC (and Regulation 56 of SI No 50 of 2007) and Article 46 of 2004/18/EC (and Regulation 54 is SI No 329 of 2007)** and supplementaryrequirements (if any) as identified by the Contracting Authority below.

CA Entry: Specify any other requirements here.

|  |  |
| --- | --- |
| Specialist Entry: Check the appropriate box to confirm that the information requested is  (a) attached with your response as Appendix 3.2 (if Response is REQUIRED), or  (b) will be submitted at the appropriate time if requested (if Response is SUBMIT ON REQUEST). |  |

**3.3 EVIDENCE OF ECONOMIC AND FINANCIAL STANDING CRITERIA (ARTICLE 54 OF DIRECTIVE 2004/17/EC (and Regulation 56 of SI No. 50 of 2007) AND ARTICLE 47 OF DIRECTIVE 2004/18/EC (and Regulation 55 of SI No. 329 of 2007)**

Information in 3.3 must be provided by the specialist, and, if the specialist is a subsidiary, by the specialist’s parent company.

**3.3a EVIDENCE OF TURNOVER**

CA Note: You may change the requirement for the response to this criterion (in text field below) and create an equivalent requirement in its place as long as it is appropriate and relevant to the criterion. You may not change the objective or title.

|  |  |  |
| --- | --- | --- |
| **RESPONSE:** |  | **TYPE OF EVALUATION:** |

Provide evidence in relation to the main works of certified turnover for the 3 previous financial years. Supply also Overall Turnover to include other areas of business.

|  |
| --- |
| **Minimum Turnover** |
| **Area of Work / Business:** | **Overall Turnover to include other areas of business** | **Turnover:** | **Turnover:** |
| **CA Entry** | **CA Entry (if applicable)** | **CA Entry** | **CA Entry (if applicable)** |

Combined total turnover for all members of a consortium must meet the minimum turnover. If only one member has the skills, resources and experience for the work, that member must have an average turnover that demonstrates financial capacity for the work.

CA Note: If stating a minimum turnover threshold for the works or services take care the standard is not set at a level that discriminates against otherwise suitable specialists.

CA Entry: Specify any other requirements here.

The evidence should be in accordance with the requirements identified here (or if for any valid reason this evidence cannot be provided then alternative evidence which is considered appropriate by the Contracting Authority may be provided). Initially Appendix ‘D’ should be provided.

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘D’ is attached with your response. |  |

**3.3b BALANCE SHEET OR EXTRACTS FROM A BALANCE SHEET**

CA Note: You may change the requirement for the response to this criterion (in text field below) and create an equivalent requirement in its place as long as it is appropriate and relevant to the criterion. You may not change the objective or title.

|  |  |  |
| --- | --- | --- |
| **RESPONSE:** |  | **TYPE OF ASSESSMENT:** |

Provide balance sheets or extracts from balance sheets.

The evidence should be in accordance with the requirements identified here (or if for any valid reason this evidence cannot be provided then alternative evidence which is considered appropriate by the Contracting Authority may be provided). Initially Appendix ‘D’ should be provided.

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘D’ is attached with your response. |  |

**3.3c BANKER’S LETTER**

CA Note: You may change the requirement for the response to this criterion (in text fields below) and create an equivalent requirement in its place as long as it is appropriate and relevant to the criterion. You may not change the objective or title. Under most circumstances the use of 3.3e makes the Banker's Letter criterion redundant.

|  |  |  |
| --- | --- | --- |
| **RESPONSE:** |  | **TYPE OF EVALUATION:** |

Provide a letter from the applicant's current principal banker dated within past 3 months, stating that, to the best of its knowledge, this is the applicant's principal account and it is currently in good standing.

The evidence should be in accordance with the requirements identified here (or if for any valid reason this evidence cannot be provided then alternative evidence which is considered appropriate by the Contracting Authority may be provided). Initially Appendix ‘D’ should be provided.

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘D’ is attached with your response. |  |

|  |
| --- |
| **3.3d** **OTHER FINANCIAL/ECONOMIC INFORMATION/REFERENCES** |

CA Note:You may create a financial criterion in the blank field below. The title should be changed to reflect the requirement(s). The criterion should be appropriate and relevant so that the evidence sought can demonstrate economic and financial standing.

|  |  |  |
| --- | --- | --- |
| **RESPONSE:** |  | **TYPE OF EVALUATION:** |

CA Entry

The evidence should be in accordance with the requirements identified here (or if for any valid reason this evidence cannot be provided then alternative evidence which is considered appropriate by the Contracting Authority may be provided). Initially Appendix ‘D’ should be provided.

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘D’ is attached with your response. |  |

**3.3e PROFESSIONAL INDEMNITY INSURANCE**

CA Note: You may change the requirement for the response to this criterion (in text fields below) and create an equivalent requirement in its place as long as it is appropriate and relevant to the criterion. You may not change the objective or title.

|  |  |  |
| --- | --- | --- |
| **RESPONSE:** |  | **TYPE OF EVALUATION** |

Before appointment, the successful applicant will be required to produce evidence from their Broker or Insurance Company confirming that the applicant has current professional indemnity insurance cover in the required amount complying with the conditions and that it will be maintained for six years after completion of the construction works. (If for any valid reason this evidence cannot be provided then alternative evidence that is considered appropriate by the Contracting Authority may be provided.) Initially Appendix ‘D’ should be provided.

1. The level of cover as stated here:

|  |  |
| --- | --- |
| Minimum level of Professional Indemnity Insurance required for | € |

CA Note: State the minimum cover proportionate to the size of the project (default level is €2.5m)

1. The excess as stated here:

|  |  |
| --- | --- |
| Maximum permissible excess on Professional Indemnity Insurance below which the will bear the cost of claims | CA Entry €XXX or not to exceed x% of Annual Turnover |

1. Cover provided on an  basis;

CA Note: In the present insurance market contractors are normally not able to obtain cover on an 'each and every claim' basis. If cover on an 'each and every claim' basis is required the availability of it should be ascertained before requesting it.

1. The conditions provide for claims for breach of professional duty or civil liability as well as negligence;
2. Cover extends to include specialist advisers engaged as sub-specialists by the specialist;
3. Cover is provided in respect of Joint & Several liability;
4. The jurisdiction in which claims can be lodged and settled is IRELAND.

CA Entry: List here supplementary requirements (if any) in relation to this criterion.

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘D’ is attached with your response. |  |

**3.3f PUBLIC LIABILITY INSURANCE**

|  |  |  |
| --- | --- | --- |
| **RESPONSE:** |  | **TYPE OF EVALUATION:** |

Before appointment, the successful specialist will be required to produce evidence from their Insurance Company in the form of the policy confirming that the specialist has current public liability insurance cover complying with the requirement(s) set out below. Initially Appendix ‘D’ should be provided.

|  |  |
| --- | --- |
| Minimum level of Public Liability Insurance required in respect of any one accident below which the will bear the cost of claims: | CA Entry €XXX or not to exceed x% of Annual Turnover |

CA Note: Enter in the box above the minimum level Public Liability insurance followed by supplementary requirements here (if any).

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘D’ is attached with your response. |  |

**3.3g EMPLOYER’S LIABILITY INSURANCE**

|  |  |  |
| --- | --- | --- |
| **RESPONSE:** |  | **TYPE OF EVALUATION:** |

Before appointment, the successful specialist will be required to produce evidence from their Insurance Company in the form of the policy confirming that the specialist has current Employer’s Liability insurance cover complying with the requirement(s) set out below. Initially Appendix ‘D’ should be provided.

|  |  |
| --- | --- |
| Minimum level of Employer’s Liability Insurance required in respect of any one accident below which the will bear the cost of claims: | CA Entry €XXX or not to exceed x% of Annual Turnover |

CA Note: Enter in the box above the minimum level of Employer's Liability Insurance followed by supplementary requirements here (if any).

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘D’ is attached with your response. |  |

**3.4 EVIDENCE OF TECHNICAL CAPABILITY CRITERIA (ARTICLE 54 OF DIRECTIVE 2004/17/EC AND REGULATION 56 OF SI No. 50 OF 2007 OR ARTICLE 48 OF DIRECTIVE 2004/18/EC AND REGULATIONS 56 AND 57 OF SI No. 329 OF 2007)**

In the context of technical capability the Specialist should carefully consider the responses in this sub-section in relation to the role of Specialist for the specialist area of work that is required for the project as identified in Section 1. In relation to Health and Safety the supplement 3.4.1(HS) for Specialist Works must also be completed and where appropriate 3.4.2(HS) for Specialist with Design.

CA Note: (i). In 3.4 if you change an entry under RESPONSE, ensure that the same change is made at each instance of that criterion in 3.4.1(HS) and 3.4.2(HS) except where the 3.4.2(HS) supplement and its criteria are not required. (ii). Where option B is chosen at the begining of this form Qualitative Assessment must not be used and should always be set to 'NO'.

**3.4a EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (Management)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RESPONSE:** |  |  | **TYPE OF EVALUATION:** |

Specialists must provide evidence of educational and professional qualifications (with dates obtained) and experience (on similar projects) of their management staff, and include the curricula vitae of the management staff and the organization structure in accordance with the requirements (if any) identified below. If Health and Safety evidence of the specialist’s management staff’s educational and professional qualifications and experience in relation to Works or Design is included here it should then be cross-referenced in Supplements 3.4.1a(HS) and 3.4.2a(HS) where appropriate: such evidence will always be assessed under these sections.

CA Entry: List here supplementary requirements (if any) in relation to this criterion.

|  |  |
| --- | --- |
| Specialist Entry: Check the appropriate box to confirm that the information requested is  (a) attached with your response as Appendix 3.4a (if Response is SUBMIT), or  (b) will be submitted at the appropriate time if requested (if Response is SUBMIT ON REQUEST). |  |

**3.4b EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (Personnel)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RESPONSE:** |  |  | **TYPE OF EVALUATION:** |

Specialists must provide evidence of educational and professional qualifications (with the dates obtained) of the specialist’s personnel responsible for managing the specialist works evidence should be provided showing that the specialist’s personnel can satisfy the specific requirements (if any) identified below. If Health and Safety evidence of the educational and professional qualifications and experience of the specialist’s personnel for the project on projects of a similar size and complexity in relation to Works or Design is included here it should then be cross-referenced in Supplements 3.4.1b(HS) and 3.4.2b(HS) as appropriate: such evidence will be assessed under those sections.

CA Entry: List here supplementary requirements (if any) in relation to this criterion.

|  |  |
| --- | --- |
| Specialist Entry: Check the appropriate box to confirm that the information requested is  (a) attached with your response as Appendix 3.4b (if Response is SUBMIT), or  (b) will be submitted at the appropriate time if requested (if Response is SUBMIT ON REQUEST). |  |

**3.4c LIST WORKS CARRIED OUT OVER THE PAST YEARS**

|  |  |
| --- | --- |
| **RESPONSE:** | **TYPE OF EVALUATION:** |

Specialists must give details of specialist works that they provided over the past *five/seven* years that are similar in nature and complexity to the specialist works required for this project (the request should not be for projects that are identical to the project that is the subject of this questionnaire). The references (ie Certificates of Satisfactory Execution) required in relation to these projects should be submitted using the standard form provided at Appendix B2 and if appropriate Appendix B1 to this questionnaire to supply the necessary information in addition to supplementary requirements (if any) stated by the Contracting Authority below.

If Health and Safety evidence in relation to Works is included here it should then be cross-referenced in Supplement3.4.1c(HS); such evidence will be assessed under that section. Health and Safety evidence in relation to Design should NOT be supplied here – it must be dealt with in Supplement 3.4.2c(HS).

CA Entry: List here supplementary requirements (if any) in relation to this criterion.

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘B2’ and if appropriate ‘B2’ is attached with your response. |  |

**3.4d LIST OF TECHNICIANS OR TECHNICAL BODIES INVOLVED ESPECIALLY THOSE RESPONSIBLE FOR QUALITY CONTROL AND THOSE THE SPECIALISTS CAN CALL ON IN ORDER TO CARRY OUT THE WORK**

|  |  |  |  |
| --- | --- | --- | --- |
| **RESPONSE:** |  |  | **TYPE OF EVALUATION:** |

Specialist must provide details in the form of a list of the relevant technicians or technical bodies (other than in-house specialists, or specialist subcontractors identified for specialist work listed at subsection 1.5) upon whom the specialist can call on in order to carry out the work or whom the specialist can use in regard to quality control (Article 48.2(b) of Directive 2004/18/EC and Regulation 57 of SI No 329 of 2006). Particularly in the context of ensuring quality both in the administration of a project and the delivery of a high quality end-product. Include requirements (if any) listed below. Initially the declaration at Appendix E should be provided. Health and Safety evidence in relation to Works, Design, PSDP, PSCS or Health and Safety Coordinator should not be supplied here – it must be dealt with in Supplements 3.4.1 (HS), 3.4.2 (HS), 3.4.3 (HS) and 3.4.4 (HS) as appropriate.

CA Entry: List here supplementary requirements (if any) in relation to this criterion.

|  |  |
| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘E’ is attached with your response. |  |

**3.4e A STATEMENT OF THE AVERAGE ANNUAL NUMBER OF PERSONS EMPLOYED BY THE SPECIALIST AND THOSE IN A MANAGERIAL POSITION OVER THE PAST 3 YEARS**

|  |  |  |  |
| --- | --- | --- | --- |
| **RESPONSE:** |  |  | **TYPE OF EVALUATION:** |

Specialists must provide evidence for three years of average annual manpower and management staff in accordance with the requirements (if any) identified below. If Health and Safety evidence in relation to the Works or Design over the past 3 years is included here it should then be cross-referenced in Supplements 3.4.1e(HS) and 3.4.2e(HS) as appropriate: such evidence will be assessed under the relevant section.

CA Entry: List here supplementary requirements (if any) in relation to this criterion.

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| --- | --- |
| Specialist Entry: Check the appropriate box to confirm that the information requested is  (a) attached with your response as Appendix 3.4e (if Response is SUBMIT), or  (b) will be submitted at the appropriate time if requested (if Response is SUBMIT ON REQUEST). |  |

**3.4f A STATEMENT OF TECHNICAL EQUIPMENT AVAILABLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **RESPONSE:** |  |  | **TYPE OF EVALUATION:** |

Specialist must provide evidence of technical equipment available to carry out the specialist works including the requirements (if any) listed below. Initially the declaration at Appendix ‘F’ should be provided.

CA Entry: Retain the note below applicable to the project type and delete the other note. For Type 1 retain the first note, for Type 2 or 3 projects retain the second note. List here supplementary requirements (if any) in relation to this criterion.

Note: If H&S evidence in relation to Works or Design is included in the response here it should then be cross-referenced at sections 3.4.1f and 3.4.2f as appropriate: such evidence will be assessed under those sections.

Note: H&S evidence in relation to Works or Design is NOT to be provided here - it is to be dealt with at sections 3.4.1f and 3.4.2f.

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| --- | --- |
| Specialist Entry: Check the box to confirm that Appendix ‘F’ is attached with your response. |  |

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| --- |
| On behalf of the Specialist, I certify that the Specialist is not guilty of misrepresentation in supplying or failing to supply the information requested in response to the questionnaire above, including:  The following completed declarations and certificate attached:   * + Self Declarations (i.e. A1, D, F, E)   + Third Party Certification Certification Certificates (i.e. Declaration at Appenidx A)   + Self Declaration Certificates (i.e. B1, B2)   Also, to demonstrate/confirm compliance with the health and safety competency requirements in *Supplement(s) [3.4.1. or 3.4.1 and 3.4.2]* the following completed declarations and certificates.   * *In relation to Supplement 3.4.1 Appendix G, or Safe-T-Cert, or OHSAS 18001, or approved equivalen; also Self Declaration Certificates B1 &B2 in relation to Health and Safety and Self Declaration F, C1, C3, E.* * *In relation to Supplement 3.4.2 Appendix H, or Safe-T-Cert, or OHSAS 18001, or approved equivalen; also Self Declaration Certificates B1 &B2 in relation to Health and Safety and Self Declaration F, C1, C4, E.*     **Signed: Date:**  For and on behalf of Specialist (signature must be that of a Director/Principal with date in hardcopy)  **Name:** Specialist Entry[block letters]  **Title:** Specialist Entry[block letters]  Note: The Declaration on Oath at Appendix A must be certified separately according to the instruction at Appendix A.  CA: Only select what is relevant at (e) to (h) above and insert ***not applicable*** opposite remaining items. |

1. The number references relate to Section numbers in the document. [↑](#footnote-ref-1)
2. Before an specialist, in relation to a breach under 2(a)-(d) in form at Appendix A, is excluded the specialist may make a case and provide supporting evidence as to why it should not to be excluded. The Contracting Authority must consider this evidence before making a decision whether to exclude or include the specialist. [↑](#footnote-ref-2)
3. In Ireland and the UK this must always be witnessed in the presence of a Commissioner of Oats. In other jurisdictions where there is no provision for a declaration on oath one of the alternative arrangements appropriate to the jurisdiction can be provided. [↑](#footnote-ref-3)
4. The declaration can be in the form of a certified copy signed by the specialist or a person authorised to sign on behalf of the specialist. It should be accompanied by a confirmation (at Appendix A1), signed by the specialist or on behalf of the specialist that since the making of the declaration the legal situation of the specialist regarding the circumstances in the declaration has not changed in any way that would prohibit the specialist from making a new declaration on oath on the same basis. In relation to a certified copy the Contracting Authority should reserve the right to inspect the original at any time if considered necessary. [↑](#footnote-ref-4)