Conwy Mind Preferred Provider Pre-Qualification Questionnaire (PPQ) Other

This for mis to be completed for the following opportunities

Section 1: Information about your business – if you are joining the framework as an individual, please use your name and home address

Name of organisation:

Mailing address of organisation:

Nature of business/service:

Length of time trading under this/previous name

Name of contact for enquiries about this PQQ

Name: Phone number: Email address:

Section 2: Business activities

Include: your core business functions; relevant trade or Professional Associations which your business is a part of and; summary of experience relevant to the role of Preferred Provider

Section 3: Quality

Quality Assurance certificates/ Quality Assurance Systems/Quality Marks you use and how it relates to the role of Preferred Provider

Section 4: Insurance Please provide details of your organisations insurance policies in terms of professional indemnity and public liability. Minimum £1,000,000. If you are an individual, these insurances must still be provided.

Policy Type	Expiry Date	Insurer	Indemnity Value		
Professional					
indemnity					
Public liability					
Other (please provide details)					
Section 5: Health and Safety					

Please provide copies of your organisations:

- Risk assessment
- Health and Safety Policy **or** provide confirmation that you will adhere to the Conwy Mind's Health and Safety Policy and Procedures. Policies will be provided should you be added to our Preferred Provider network

Section 6: Equal Opportunities

Please provide a copy of your organisations:

• Equal Opportunities policy/ details of practices you have in place **or** provide confirmation that you will adhere to Conwy Mind Equality and Diversity Policy and Procedure. Policies will be provided should you be added to our Preferred Provider network.

Section 7: Client experience

Please indicate which of the following client groups have you had experience of working with:

Client group	Brief	outline of experience			
Vulnerable adults					
Vulnerable young people					
Other (please specify)					
Section 8: Disclosure and Barring Service					
Please provide details of your disclosure and barring service certificate. You may be required to obtain an updated DBS certificate if your current certificate is more than 3 months old					
Type please specific (Standard/ Enhanced	1)	Date issued	Certificate number		

Section 9: Supporting Statement (max 400 words)

Briefly outline your skills, knowledge and experiences relevant to the role of Preferred Provider (include any specialist areas of expertise)

Section 10: Your Availability

We appreciate that your availability may change over time.

Please only provide your availability for times and days that you can commit to and indicate how many weeks you would be available for. Please also state the times you are available morning, afternoon or evenings.

Please note that opportunities for evening work are limited to our counselling service currently.

	Mornings	Afternoons	Evenings		
Mondays					
Tuesdays					
Wednesdays					
Thursdays					
Fridays					
Signature:		Date:			
Please send your completed Preferred Providers Pre-Qualification questionnaire to <u>recruitment@conwymind.org.uk</u> along with the stated supporting documents. A member of our team will get back you within 48 hours.					

Thank you - we look forward to working with you!