**Appendix A - Subcontracting Expression of Interest Form**

This form is to be completed by all organisations who wish to work in partnership with Futures as a potential subcontractor. The completion of this form does not infer any contractual agreement at this stage but is designed to establish your organisation’s competencies and ability to work with us on a subcontracting level.

**Organisation Details:**

|  |  |
| --- | --- |
| Organisation Name |  |
| Address |  |
| Postcode |  |
| Registered Office Address (if different) |  |
| Company House Number |  |
| Contact Name |  |
| Contact Position |  |
| Telephone Number |  |
| Email  |  |
| Organisation Website |  |
| UKPRN  |  |
| Type of Organisation/Sector |  |
| OFSTED Inspection Grade |  |
| Register of Training Organisations (RTO) |  |

**Organisation History**

*Please provide a brief history of current contracts and delivery, including areas of delivery and scale of these programmes.*

|  |
| --- |
|  |

**Delivery Experience**

*Please detail the specific delivery experience held and provide examples of programmes which have been delivered and their success/challenges. Provide details of contract values and the outcomes for learners and employers.*

|  |
| --- |
|  |

**Health & Safety**

*Please explain how you show commitment to health and safety and ensure all learners are safe.*

|  |
| --- |
|  |

**Equality & Diversity**

*Please explain how you show commitment equality and diversity and ensure learners do not experience unlawful discrimination.*

|  |
| --- |
|  |

**Finance**

Do you have audited financial accounts for the last 3 years?

|  |  |
| --- | --- |
| YES |  |
| NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 |
| Gross Turnover (£) |  |  |  |
| Net Profit (£) |  |  |  |

**Insurance**

*Please provide details of the following insurance information.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employers Liability | YES |  | NO |  | Value and expiry date: |
| Public Liability | YES |  | NO |  | Value and expiry date: |
| Professional Indemnity | YES |  | NO |  | Value and expiry date: |

**Existing Subcontracts or direst ESFA funding**

*Please provide details of all existing subcontract agreements or direct ESFA funded delivery.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Stream** | **Prime/Subcontractor** | **Duration** | **Value (£)** |
|  |  |  |  |
|  |  |  |  |

**Delivery Proposals**

|  |  |
| --- | --- |
| Funding Stream |  |
| Programme Description |  |
| Learning Aim Reference(s) |  |
| Outcomes |  |
| Staffing  |  |
| Target Clients |  |

**General Data Protection Regulations (GDPR)**

*Please complete the boxes comprehensively as your responses need to demonstrate your compliance with GDPR. Please expand each box to accommodate for information provided.*

|  |
| --- |
| 1. **What processes do you have in place to ensure GDPR compliance?**
 |
|  |
| 1. **What are your data protection policies for customer data?**
 |
|  |
| 1. **For how long do you store customer data?**
 |
|  |
| 1. **How do you obtain consent from data subjects?**
 |
|  |
| 1. **Do you have an appointed Data Protection Officer?**
 |
|  |
| 1. **What is your formal procedure for reporting any data breaches?**
 |
|  |
| 1. **How does your organisation handle instances when customers request their data be removed from your system(s)?**
 |
|  |
| 1. **What third party organisations do you work with that may also have access to the data we would share with you?**
 |
|  |
| 1. **Who within your organisation would have access to the data we would share with you and how is access restricted?**
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|  |