

**APPLICATION FOR INCLUSION ON LIST OF APPROVED  
PASSENGER TRANSPORT OPERATORS  
(INCLUDING QUALITY ASSESSMENT SCORING QUESTIONNAIRE)**

**General Notes and Guidance**

All operators wishing to tender for Passenger Transport contracts with Suffolk County Council must complete this form. Please complete all sections where relevant.

This form should be printed off and returned to the address provided. Electronic returns cannot be accepted at present due to the section on Insurance cover requiring completion by a third party.

**The entire form should be returned including all pages.**

Guidance notes on the completion of the form are included as well as a checklist to help you ensure that the form is completed correctly.

**The declaration must be signed only after all other sections have been completed**

**Quality Assessment**

Section F itemises all of the items within the form that will be an element of the quality assessment of your company. This Quality Assessment Score (QAS) will be used in all tender processes when indicated at the time of invitation to tender at which time prospective tenderers will be advised as to the weighting that will be given to quality.

At a minimum the QAS will be re-evaluated on an annual basis each time this document is submitted.

If there is a substantive change in the circumstances of the company in the year between the submission of applications that affects any of the information provided in the previous submission it is the responsibility of the company to inform the Council at the earliest opportunity.

If the Council become aware of any circumstances where the QAS may be affected it may either require the company to provide further information by way of a new application. Alternatively the Council may confirm in writing to the company the reason for any adjustment to the QAS.

Once completed the application should be returned to the following address.

Please mark the envelope "**APTL / QAS application**"

**Passenger Transport Unit (Floor 5 Block 2),**

**Suffolk County Council,**

**Endeavour House**

**8 Russell Road**

**Ipswich**

**IP1 2BX**

Incomplete applications will be returned and may cause delays and non-inclusion in tender rounds

Once approved written confirmation will be sent.

## SECTION A - COMPANY DETAILS

1 Operators name (as stated on Operators Licence)

Trading name (if Operators name state "As Above")

2 What is your main business/trading address?

Postcode

Telephone number (including dialling code)

Fax number (including dialling code)

E mail Address

Company website address

3 Please supply the name of the person to be contacted for general enquiries

Name

Address

Postcode

Telephone number (including dialling code)

Fax number (including dialling code)

E mail Address

4 Please supply the name of the person to be contacted regarding invoices

Name

Address

Postcode

Telephone number (including dialling code)

Fax number (including dialling code)

E mail Address

5 Please supply the name of the person to be contacted regarding tendering of services

Name

Address

Postcode

Telephone number (including dialling code)

Fax number (including dialling code)

E mail Address

**SECTION A - COMPANY DETAILS - continued**

6 Please supply details of the operating address(es) of your business (if same as business address then state "as above"). If your company has more than two operating centres please enclose details on a separate sheet.

Operating address 1 (main centre)

Address	
Postcode	
Telephone number (including dialling code)	
Fax number (including dialling code)	

Operating address 2 (if applicable)

Address	
Postcode	
Telephone number (including dialling code)	
Fax number (including dialling code)	

## SECTION B - OPERATIONAL DETAILS

7 Please give details of all operating licences held by your company.

	Operators licence number	Licensing district	Expiry date of licence	Number of vehicles subject of licence
PCV "O" licence				
Hackney Carriage Licence				
Private Hire Operators Licence				

**PLEASE NOTE ONLY LICENSED OPERATORS ARE PERMITTED TO OPERATE CONTRACTS ON BEHALF OF SUFFOLK COUNTY COUNCIL.**

8 In which District(s) are you prepared to operate? (tick all that are applicable)

Babergh	<input type="checkbox"/>	St Edmundsbury	<input type="checkbox"/>
Forest Heath	<input type="checkbox"/>	Suffolk Coastal	<input type="checkbox"/>
Ipswich	<input type="checkbox"/>	Waveney	<input type="checkbox"/>
Mid Suffolk	<input type="checkbox"/>	Out of county	<input type="checkbox"/>

9 How many drivers employed by your company are licensed by a Local Authority?  
(this refers to those licensed as hackney carriage or private hire vehicle drivers)

10 How many drivers employed by your company hold a PCV licence?  
(this refers to a vocational entitlement to drive PCV class vehicles)

11 Please state the total number of staff directly employed by your company

12 Please state which of the following methods are used by your company when considering applications for employment. Tick all that apply.

Job descriptions	<input type="checkbox"/>	
Application forms	<input type="checkbox"/>	
References	<input type="checkbox"/>	
Qualifications/training record	<input type="checkbox"/>	
Probationary / trial period	<input type="checkbox"/>	
Other (please specify)		

13 Does your company have a staff handbook / staff rule book?  
Yes  No

14 Please indicate if your company has a Customer Care policy to deal with complaints  
Yes  No

If you have ticked "yes" to either question please enclose a copy of the document when returning this form.

If you have ticked "no" please complete the SCC Passenger Transport Customer Care Policy overleaf

**SECTION B - OPERATIONAL DETAILS - continued**

15 Does your company provide a uniform for staff who have contact with the public?

Yes  No

If "no" does your company enforce a dress code for these staff?

Yes  No

If "yes" to either of the above please give details

**Please note that companys are required to provide ID Badges to driving staff as per Suffolk County Councils' Conditions of Contract**

16 Please give details of any training offered to staff who have contact with the public

17 Please give the Name and Position of the CPC Holder?

18 Has your company made provision for the delivery of CPC training to driving staff?

Yes  No

Is this training provided by

In house provision	<input type="checkbox"/>
External accredited supplier	<input type="checkbox"/>
Staff to make own arrangements	<input type="checkbox"/>

(please tick appropriate box)

**If "in house provision" or "external accredited supplier" please supply either proof of accreditation or the name of the supplier of the training.**

19 Has your company made any elements of CPC training mandatory for staff? If so please indicate which.

20 The council publicise services and operators are required to deal with customer enquiries and complaints  
Please provide the following detail.

Telephone number for public enquiries	<input type="text"/>
E mail address for public enquiries	<input type="text"/>

21 Please state the hours during which the telephone number supplied is available for use.

Monday to Friday	<input type="text"/>	to	<input type="text"/>
Saturday	<input type="text"/>	to	<input type="text"/>
Sunday	<input type="text"/>	to	<input type="text"/>

**Please note that if you operate an Education Transport contract on behalf of Suffolk County Council we require telephone lines to be available 0800 to 1630 Monday to Friday during the school term**

22 Please provide a mobile telephone number for use in case of emergency's (breakdowns, bad weather)

**SECTION C - FLEET DETAILS**

23 Please give details in this section of the profile of your fleet, giving information both on vehicles currently owned and operated by your company and also those that your company would be willing to acquire.

PCV VEHICLES		Seating capacity	Vehicles operated by Type	Vehicle Age Profile					Willing to Acquire?
Category	Vehicle Type			1 to 3 years	3 to 5 years	5 to 7 years	7 to 10 years	Over 10 years	
A	Double deck bus								
	DDA compliant								
	step entrance								
B	Single deck bus								
	DDA compliant	36+							
	step entrance	36+							
C	Single deck bus								
	DDA compliant	17 to 35							
	step entrance	17 to 35							
D	Single deck bus								
	DDA compliant	9 to 16							
	step entrance	9 to 16							
<b>LICENSED TAXIS</b>									
E	Licensed MPV	5 to 8							
F	Licensed taxi	4							
G	Licensed wheelchair accessible								

Please provide details regarding the fleet already operated by your company.

24 What is the average age of the fleet?  years

25 Where vehicles have been declared in categories A-D please specify how many of these meet the following standards

	By Vehicle Category (as defined above)			
	A	B	C	D
Euro 3 emissions standard				
Euro 4 emissions standard				
Euro 5 emissions standard				
None of the above standards				

Please provide details of any other steps your company takes towards the reduction of carbon emissions.

**SECTION C - FLEET DETAILS - continued**

26 Where vehicles have been declared in category G please provide the following information

How many of these vehicles are fitted with tail lifts?

How many of these vehicles are fitted with ramps?

What is the maximum number of wheelchairs that can be conveyed in each vehicle?

**Where vehicles have been declared in category G and a lift is fitted a copy of the current document certifying that the equipment is fit for use must be enclosed with this application.**

Companies operating vehicles with specialised lifting equipment must familiarise themselves with all current legislation but in particular your attention is drawn to -

Statutory Instrument 1998 no 2307, *Lifting Operations & Lifting Equipment Regulations 1998*

details of which are available at this link -

<http://www.opsi.gov.uk/si/si1998/19982307.htm>

This information is provided by the Council as guidance and is not intended as a definitive statement of law or a statement of limitation of the any company's obligations

## SECTION D - MISCELLANEOUS INFORMATION

27 Please supply the name of the person in your organisation with delegated responsibility for Health & Safety Issues

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone number (including dialling code)	<input type="text"/>
Fax number (including dialling code)	<input type="text"/>
E mail Address	<input type="text"/>

28 Please give details of any closed or pending prosecutions/prohibitions and/or improvement notices served on your company by the Health & Safety Executive or an Environmental Health Officer over the last 3 years for Health and Safety related offences. Where possible include the adjudication on these.

29 Please indicate if your company has a written policy on Health and Safety.

Yes  No

If "yes" please include a copy of this in your application.

**Please note that if your company employs more than 5 people, you are required by law to have a written Health and Safety Policy.**

**Guidance for this can be found at: [www.hse.gov.uk/business/policy.htm](http://www.hse.gov.uk/business/policy.htm)**

**SECTION D - MISCELLANEOUS INFORMATION - continued**

**30** Has your company been subject to any disciplinary action or ruling by the Office of the Traffic Commissioner or District Taxi Licensing Authority (as appropriate) in the last three years?

If "Yes" please give details.

**31** Has your company been subject to any disciplinary action or breach notice on contracts operated on behalf of Suffolk County Council or other Local authority?

Yes  No

If "yes" please give details.

**32** Has your company given notice to terminate any contract early in the last 12 months?

If "yes" please give details.

**33** Please give your Operator Compliance Risk Score?

For further information on Operator Compliance Risk Scores please visit :

[www.transportoffice.gov.uk/crt/doitonline/bl/help/whatisyouoperatorcomplianceriskscore.htm](http://www.transportoffice.gov.uk/crt/doitonline/bl/help/whatisyouoperatorcomplianceriskscore.htm)

**34** As a result of either routine or roadside checks have any vehicles operated by your company been subject any of the following in the last 12 months?

Immediate Prohibition Notice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Delayed Prohibition Notice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Advisory Notices	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If "yes" please give details of any notices received below

**SECTION D - MISCELLANEOUS INFORMATION - continued**

**35** Please indicate how vehicles in your fleet are maintained. This should include details of how frequently routine inspections and servicing is carried out and whether this is done in own workshops or through a third party.

**36** In the 12 months prior to the completion of this form please indicate how many vehicles have been presented for MOT inspection.

vehicles presented to MOT inspection

Of these how many failed the initial inspection and were subsequently re-inspected?

vehicles re-presented

**37** What provisions are in place for emergencies e.g breakdowns and accidents to ensure that vehicles are available to maintain the services?

**38** Please indicate how your company maintains the cleanliness of vehicles in the fleet (interior and exterior)

**39** Please indicate past experience of operating the following services. This includes work undertaken by your company or by those employed by your company who will have a direct role in the management of contracts. This experience may have been gained with another company. We may ask for further details  
Tick all that apply

Commercial bus services		in		(state county)
Local authority supported bus services				
Other bus/coach operations				
Taxi/small vehicle operations				
Transport including Passenger Assistants				
Transport of children with special needs				
Transport of vulnerable adults				

**40** Where local bus services are operated by your company please indicate what ticketing system is used

**SECTION E - CERTIFICATION OF INSURANCE**

**THIS PART OF THE FORM MUST BE COMPLETED BY YOUR INSURANCE COMPANY OR REGISTERED INSURANCE BROKER.**

**THIS MUST BE COMPLETED BEFORE THE DECLARATION IS SIGNED AT SECTION G**

I/we hereby certify that the under mentioned policies are as follows:

Name of insured

Trading as

Address

  
  

I/we hereby certify that the vehicles covered by the under mentioned policies are as follows:

Number of vehicles insured

Type of vehicles insured (car/minibus/coach etc)

Class of work for which insured

Vehicle registration numbers

That the policies contain a principal's clause which will indemnify Suffolk County Council or any successor authority created under legislation in respect of any claims which may arise as a result of the contract work for the County Council or successor authorities to whom the contract is novated.

That indemnity provided by the policies is not less than £5,000,000 (£ 5 Million) for any one claim.

**MOTOR VEHICLE POLICY NUMBER**

**PUBLIC LIABILITY POLICY NUMBER**

Name of insurer

Name of insurer

Expiry date

Expiry date

Signature

Signature

Name (print)

Name (print)

For and on behalf of

For and on behalf of

Date

Date

Company stamp / address

Company stamp / address

**PLEASE NOTE: AS THE REGISTERED INSURANCE COMPANY/INSURANCE BROKER FOR THE ABOVE INSURED IT IS YOUR RESPONSIBILITY TO INFORM SUFFOLK COUNTY COUNCIL OR SUCCESSOR AUTHORITY OF ANY INSTANCES WHERE THE INSURED SURRENDERS/CANCELS EITHER OF THE ABOVE POLICIES PRIOR TO THE EXPIRY DATE STATED ABOVE.**

## SECTION F - GUIDANCE NOTES / CHECKLIST

PLEASE READ THESE NOTES THAT ARE DESIGNED TO ASSIST YOU IN COMPLETING THE FORM AND ENSURING THAT YOUR APPLICATION IS DEALT WITH PROMPTLY

### SECTION A - COMPANY DETAILS

Details should be provided for all of the questions in this section. If for any of the questions the answer is a duplicate of a previous one please state "as per question \*" stating clearly which previous question should be referred to.

### SECTION B - OPERATIONAL DETAILS

**Question 8** should be answered in the context of the current framework of local government and is intended to understand the geographical area in which your company is willing and able to operate.

**Question 11** should include all support staff employed at a local level. This will include engineering, cleaning and administrative staff but not those employed by contractors who provide support services.

**Question 15** refers to all staff such as front office staff and drivers who have direct contact with the public in delivering transport services. This need not include staff who operate telephones etc and thus do not meet the public in the normal course of their work.

Give details of any uniform that is provided to your staff, detail may be limited to "shirt and tie provided" but does not need to include colours etc. If no uniform is provided please state if your company sets a minimum standard of dress code for staff to adhere to.

**Question 16** refers to the same group of staff as in question 15. Do not include training that is provided as part of the drivers CPC as this will be included in the following question.

**Question 18** asks about CPC training for driving staff. Some operators will provide their own training and in this case they will need to have been approved to deliver such training. Where this is the case documentary proof should be supplied. Where an operator chooses to have the training delivered by an outside agency they too should be an approved supplier. Details of the company should be supplied.

**Question 19** are the details that will be used on any publicity that may be prepared by the Council and in supplying this information you are giving authority for it to be released to the public domain.

**Question 21** relates to the times that the telephone number supplied in question 20 (for public use) is available for use. This question does not refer to any other number provided in this form for other aspects of your business.

### SECTION C - FLEET DETAILS

**Question 23** - In this section please indicate the number of vehicles already owned by your company in each category. Also indicate the age range for each class by entering the age of the newest vehicle and the age of the oldest vehicle (eg 5-7 years). You may also indicate a willingness to acquire vehicles in a class where your company does not already own one by ticking the box for that class.

**Question 24** - The average age of your fleet should be calculated by adding together the ages of all currently owned vehicles and dividing this by the number of vehicles owned. Exact details of the vehicles to be used on will be requested on tender documentation.

You may also indicate that you are willing to acquire vehicles but only if you are able to do so in a timescale that will allow you to operate contracts.

**Question 25** refers only to vehicles in categories A-G that fall within the definition of "heavy duty diesel engines" as set out by current EU legislation. Guidance on these standards can be found at the environment pages of the European Union website <http://ec.europa.eu/environment/air/transport/road.htm>

In the case of both **Question 24** and **Question 25** the guidance provided in this form is not intended as a definitive and current statement of any applicable legislation. It is the responsibility of the applicant to fully familiarise themselves with any such legislation before submitting this application.

## SECTION D - MISCELLANEOUS INFORMATION

**Question 28** - You should give full details of any incidents including date and action taken by the agency involved. Details should be given of pending case although these will not be considered at the time of this application. We will however request updates on the progress of the case and the quality score will be adjusted if appropriate.

**Question 30** - Full details should be given of any rulings and actions. Operators should be aware the SCC monitor entries in Notice and Proceedings and failure to declare any ruling will result in this form being rejected. SCC reserve the right to ask further questions relating to your answers to this question before any quality score is arrived at.

**Question 33** - Further details regarding your Operators Compliance Risk Score can be found at [www.transportoffice.gov.uk/crt/doitonline/bl/help/whatisyouroperatorcomplianceriskscore.htm](http://www.transportoffice.gov.uk/crt/doitonline/bl/help/whatisyouroperatorcomplianceriskscore.htm)

## SECTION E - CERTIFICATION OF INSURANCE

Please read this section with particular care. This section **MUST** be completed by your Broker / Insurer and must either be stamped with their company stamp, embossed with their company details or accompanied by a confirmation letter on their headed notepaper.

## QUALITY ASSESSMENT - GUIDANCE

The following sections of this form will be assessed in order to arrive at a Quality Assessment Score (QAS) that will be used during future tender rounds.

	Questions	Total marks allocated
<b>Section A</b> (company details)	2	5
<b>Section B</b> (operational details)	12,13,14,15,16,17,18,19, 20, 21, 22	20
<b>Section C</b> (fleet details)	24, 25	9
<b>Section D (Miscellaneous information)</b>	27,29, 30, 31, 33, 34, 35, 36, 37, 38	41

During the term of the score attained by this application tenders submitted will be considered as follows -

- 80% will be accounted for by the daily cost submitted at the point of tender**
- 20% will be accounted for by the score attained in submitting this application**

The QAS attained on this form will remain in force for 12 months or until notified by Suffolk County Council. If during the period of the validity of the score there are substantive changes to any aspect of the company operations the Operator must inform the Council and consideration will be given to reassessing the quality score attained. If the Council become aware of changes that they believe will affect the score a new form will be requested and a new form must be submitted to allow the company to remain on the approved list.

Failure to include answers to any aspect of this form that contributes to the QAS will result in a zero score being allocated to that question. All other questions where answers have been provided will still be scored.

Suffolk County Council reserve the right to request further documentary evidence to support any statements made in this submission.

## CHECKLIST

Q13 Staff Handbook	<input type="checkbox"/>	Q23 Lifting certification (if applicable)	<input type="checkbox"/>
Q16 Evidence of accreditation	<input type="checkbox"/>	Q26 Health and Safety statement	<input type="checkbox"/>
Q19 Customer Care Policy statement	<input type="checkbox"/>	Section E Certificate of Insurance	<input type="checkbox"/>
Total number of pages to be returned (sides )			<input type="text" value="14"/>

**SECTION G - DECLARATION**

**This section is to be signed only when all other sections have been completed**

I/we understand and accept all of these conditions and requirements.

I/we have read and understood the whole application including the guidance notes.

I/we request inclusion in the Suffolk County Council list of approved transport suppliers.

I/we understand that in seeking to be included on the list of approved suppliers we may be indicating our wish to tender for registered local bus services and as such will be required to participate in the regional Traveline Service.

If awarded a tender for registered local bus services, I /we agree to pay costs attributable to my/our company.

I/we understand and undertake to inform the council of any change in the circumstances of my/our company that would

- a) affect the legal standing of the company
- b) change details of the vehicle fleet and insurance thereof
- c) affect any answer that may have been given to questions itemised in "General Guidance" where these answers contribute to the Quality Assessment Score.

Signed

Capacity

(Manager/owner etc)

Date