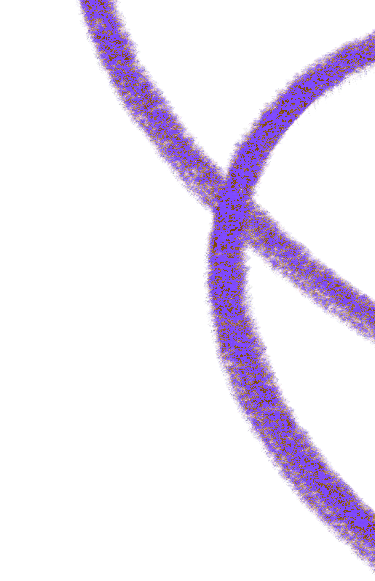
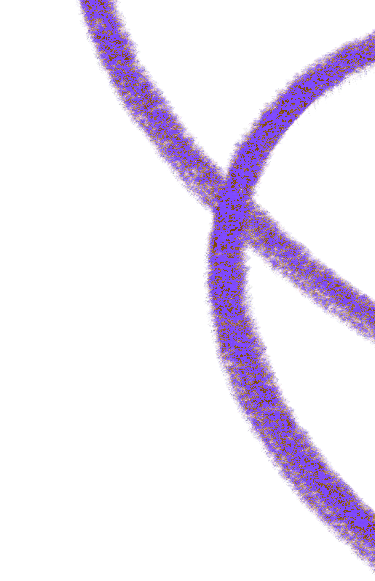
**Doncaster Mind Preferred Provider**

**Pre-Qualification Questionnaire (PPQ)**

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| **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 |
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| **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 Doncaster Mind`s Health and Safety Policy and Procedures which are available on request by emailing **office@doncastermind.org.uk** | | | | | |
| **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 the Doncaster Mind`s Equality and Diversity Policy and Procedure which can be found at www.doncastermind.org.uk | | | | | |
| **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) | | Date issued | | Certificate number | |

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| **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. Most of our preferred provider opportunities run for between 6 and 10 weeks, once per week and at the same time.  Please only provide your availability for times and days that you can commit to for this number of weeks. 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 |  |  | |  |
| Saturdays |  |  | |  |
|  | | | | |
| **Signature:** | | | **Date:** | |
| **Please send your completed Preferred Providers Pre-Qualification questionnaire to** [**office@doncastermind.org.uk**](mailto:office@doncastermind.org.uk) **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!** | | | | |