



PARTNERSHIP EXPRESSION OF INTEREST FORM

This document is to be completed by all organisations wishing to work with JHP Group as a delivery partner.

- Completion of this document does not infer any contractual agreement between JHP Group and your organisation but will help us to assess your organisation's ability to work with us as a subcontractor.
- We are seeking the minimum information from you at this stage more detail will be requested in relation to specific partnership opportunities as they arise.
- We will acknowledge receipt of all expressions of interest

Please return by email to partners@jhp-group.com



1. Organisation Details

Organisation	
Contact Name	
Position	
Address	
(Post Code)	
Telephone	
Mobile	
Email	
Website	
Company Registration Number	
VAT Number	
PRN Number	
Welfare to Work Provider	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please complete question 3
Work Based Learning Provider	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please complete question 4
Both	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please complete question 3 and 4
Type of Organisation (Private, Public, Third Sector)	

Please complete the following details for your organisation in no more than 250 words.

2. Company Overview

(brief history and indication of current scale and geography of operation, details of membership of provider networks and strategic partnership)



Please complete the following details for your organisation in no more than 250 words.

3. Experience of delivering Employability Programmes

include contracts currently and previously held and job outcome rates achieved over last 12 months

Please complete the following details for your organisation in no more than 250 words.

4. Experience of delivery of Work Based Learning Programmes

include contracts currently and previously held and achievement rates over last 12 months



5. Do you hold any of the following accreditations/standards/quality kite marks:

Matrix	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>
Investors in People	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/> <i>If yes please indicate which standard</i> Champions <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/>
ISO 9001	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>
Positive about Disability	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>
Total Quality Standard (Please give details of any Part Bs you hold)	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/> _____
Other (Please describe)	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>

6. Most recent Inspection Grades

Area	Grade	Date	Provision
OFSTED	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
ALI	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
PAT/FAM	Full Assurance <input type="checkbox"/> Substantial Assurance <input type="checkbox"/> Limited Assurance <input type="checkbox"/> Nil Assurance <input type="checkbox"/>		
PFA	Qualified <input type="checkbox"/> Unqualified <input type="checkbox"/>		

7. Health and Safety (Copies of policies not necessary at this stage)

Do you comply with, relevant health and safety legislation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have arrangements for ensuring, and monitoring, that learning takes place in safe, healthy and supportive environments?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Equal Opportunities (Copies of policies not necessary at this stage)

Do you have an equal opportunities policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last three years has there been any finding of unlawful discrimination made against your organisation by any court or employment tribunal?	Yes <input type="checkbox"/> No <input type="checkbox"/>



9. Data Security

Does your organisation have a written data security policy? Yes No

If No, please explain how you will meet the requirements of ISO 27000, Information Security Management System (ISMS).

10. Finance

Please indicate your Turnover and Profit for the last full financial year

Turnover £ _____ Profit £ _____

Please confirm you are able to provide audited accounts for the last three financial years Yes No

11. Insurances

Can you confirm you have in place suitable and sufficient insurance (e.g. employers' liability, public liability, professional indemnity) as legally required for delivery to learners? Yes No

Please complete the following details for your organisation in no more than 250 words.

12. Delivery proposals

Please indicate the services your organisation can provide

- List all accredited qualifications delivered
- List all employability services delivered



13. Please list the customer groups you have experience of delivering services to *(in no more than 250 words)*

14. Please indicate which geographies you currently deliver in

East Midlands	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
East of England	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
London	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
North East	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
North West	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
Scotland	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
South East	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
South West	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
Wales	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
West Midlands	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region
Yorkshire & the Humber	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify sub-region

Please indicate areas you would be able to expand your delivery into indicating a timescale for this to be completed

