

Supplier self-declaration contract assurance

Contract No:	Contract Name:	Supplier:
Customer's Contract Manager:	Return email address:	To be returned by (within 14 days of receipt):

This self-declaration Contract Assurance template shall be completed by the Supplier as a desk-top exercise on an annual basis to provide assurance that the organisation remains compliant with the requirements of the named Contract and that the documents/information identified as applicable to the Contract are up to date and will continue to be updated as and when required.

The Customer will still continue to seek all necessary documentation as required through any procurement process and/or service implementation.

Suppliers must complete all sections of this self -declaration Contract Assurance form and indicate where any information is not applicable by selecting the N/A option in the relevant column, unless this has already been pre-populated by the Customer.

Other than where indicated, Suppliers will not be required to provide copies of updated documentation, however, these should be made available to the Customer upon request. Where copies of updated documentation are required/requested and any concerns are identified by the Customer, these will be discussed with the Supplier via the Customer's Contract Manager and other Customer representatives (where appropriate).

The Supplier should return the completed/signed self -declaration to the named Contract Manager within 14 days from receipt of this form; details given at the top of this form.

Key

	Mandatory requirement for the majority of contracts/agreements, unless indicated as N/A by the Customer
	Requirement will be dependent on the nature of the contract/agreement

Safeguarding audit/self-assessment	N/A	Date of completion	Next review date
Safeguarding audit/self-assessment	<input type="checkbox"/>	Click here to enter the date that it was completed.	Click here to enter the date when it is next due for review.
Please indicate the type of audit/self-assessment undertaken, e.g. LSCP Section 11 audit, NSPCC or other safeguarding self -assessment, safeguarding within school SEF	<input type="checkbox"/>		
Outcome of your latest safeguarding audit/self-assessment	<input type="checkbox"/>		
Where a safeguarding audit/self-assessment has been completed, please tick to confirm that you have forwarded the latest copy to the Contract Manager.			<input type="checkbox"/>
Designated Safeguarding Lead	Name		Contact Details
Front line services only - Designated Safeguarding Lead	Yes <input type="checkbox"/>	No <input type="checkbox"/> Please state why:	N/A <input type="checkbox"/> Please state Why:

(DSL) is aware of their duties in relation to Prevent and appropriately trained and learning and guidance shared with staff.*			
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* As a minimum, DSL completed free Home Office e-learning on Prevent - [Prevent duty training](#), and learning and Prevent duty guidance shared with appropriate staff [Prevent duty guidance](#). In addition, there may be local training on Prevent available through the Lincolnshire Safeguarding Children's Partnership and this should be accessed as appropriate. DSL should also familiarise themselves with the Channel guidance around reporting concerns, which is part of the Prevent Strategy

Suppliers are only required to provide annual copies of each of the following with this completed self-declaration where changes have been made to the last version provided:

Plans and Registers	N/A	Date of most recent review	Did the recent review result in any changes?	Next review date
Business Continuity Plan (BCP) in place, reviewed and tested at least once every 12 months. Staff are aware of their roles and responsibilities during an incident or disruption.	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Risk register in place, including risk assessments undertaken where applicable.	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Asset Register (where applicable)	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Policies				
Volunteering Policy	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date of the last review.
Apprenticeship Policy	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date of the last review.
Safeguarding Policy to include child protection, child sexual exploitation and vulnerable adults as applicable.	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Modern Slavery and Risk of Exploitation Policy including sub-contractors (if not already included in Safeguarding Policy)	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Recruitment & Retention, including Safer Recruitment, Policy (if not already included in Safeguarding Policy)	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Equality & Diversity Policy (for both staff and service delivery), Equal Opportunities Policy & Equality Practice Policy Framework including Access Plan, in line with the Disability	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.

Discrimination Act 2010 (where applicable)				
Health & Safety Policy	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Robust Clinical Care and Risk Management Policy	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Complaints Policy and Procedure	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Whistleblowing Policy and Procedure	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Data Protection Policy (to include GDPR, personal data including special categories and right to access/rectify, privacy notices, transfers of personal data outside the UK, staff training and regular system testing)	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Anti-bribery Policy	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Domestic Abuse Policy or Adopted LCC's Domestic Abuse Policy	<input type="checkbox"/> <input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Anti-bullying Policy	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.
Contract Manager to add any additional relevant policies into this box and the boxes below, e.g. Password Policy, Reporting and Management of Risk Policy, Learner Consent Policy, Security Policy, etc. Additional rows can be added by copying and pasting the row above. Delete this row if not needed or any blank unused rows before sending to the Supplier.	<input type="checkbox"/>	Click here to enter the date of the last review.	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Click here to enter the date when it is next due for review.

*Where indicated as Yes, please provide a brief outline below of the changes made to each of the relevant documents. Please ensure you provide an updated copy of each of the relevant documents to the named Contract Manager when returning the completed self-declaration. Where there are material changes made to safeguarding policies the named Contract Manager will revisit the Safeguarding Policies Checklist and will discuss any concerns with the Supplier.

Self-declaration only – suppliers are not required to provide updated copies of the following on an annual basis:

Insurances	N/A	Date of cover
Employer's Liability Insurance; up to the limit identified in the Contract (£)	<input type="checkbox"/>	Click here to enter the date of your most recent renewal .
Public Liability Insurance; up to the limit identified in the Contract (£)	<input type="checkbox"/>	Click here to enter the date of your most recent renewal .
Professional Indemnity Insurance; up to the limit identified in the Contract (£)	<input type="checkbox"/>	Click here to enter the date of your most recent renewal .
Contract Managers to add any additional relevant insurances into this box and the boxes below, e.g. Professional Indemnity Insurance of other professionals, Residential Care Home Household Buildings and Content Insurance, Vehicle Insurance, Sexual Abuse and Molestation Public Liability Insurance, Medical Malpractice Public Liability Insurance, Directors and Officers Liability Insurance, etc. Additional rows can be added by copying and pasting the row above. Delete this row if not needed or any blank unused rows before sending to the Supplier.	<input type="checkbox"/>	Click here to enter the date of your most recent renewal .
	<input type="checkbox"/>	Click here to enter the date of your most recent renewal .
	<input type="checkbox"/>	Click here to enter the date of your most recent renewal .

Additional Information only

	Yes	No	N/A
Commitment to adhere to environmental sustainability	<input type="checkbox"/>	<input type="checkbox"/> Please state why:	<input type="checkbox"/> Please state why:
Commitment to participation of children and young people and the 4 key principles of participation: 1. Children have equal opportunity to be involved 2. Children are valued and taken seriously 3. The involvement of children is a visible commitment which is fully resourced 4. The involvement of children is monitored, evaluated, reported and improved	<input type="checkbox"/>	<input type="checkbox"/> Please state why:	<input type="checkbox"/> Please state why:
Any dealings with the Health & Safety Executive (HSE)	<input type="checkbox"/> Please provide information below:	<input type="checkbox"/>	<input type="checkbox"/> Please state why:
Induction and regular supervision/appraisal in place for all staff	<input type="checkbox"/>	<input type="checkbox"/> Please state why:	<input type="checkbox"/> Please state why:

Staff have registration/accreditation with an appropriate professional body where relevant	<input type="checkbox"/>	<input type="checkbox"/> Please state why:	<input type="checkbox"/> Please state why:
Modern Slavery published statement – including sub-contractors (only applicable to organisations with a turnover of £36million+ per annum) – Contract Manager to delete this row if not required.	<input type="checkbox"/>	<input type="checkbox"/> Please state why:	<input type="checkbox"/> Please state why:
Registered as a Food Business if preparing, cooking, storing, handling, distributing or selling food Food business registration - GOV.UK (www.gov.uk)	<input type="checkbox"/>	<input type="checkbox"/> Please state why:	<input type="checkbox"/> Please state why:
Contract Manager to add any additional information required if relevant. Delete this row if not required.	<input type="checkbox"/>	<input type="checkbox"/> Please state why:	<input type="checkbox"/> Please state why:
	Name	Contact Details	
Nominated Regulation 7 Health and Safety Advisor			
Designated Data Protection Officer (requirement in relation to GDPR)			

Supplier Declaration

Suppliers must ensure the person signing this form has appropriate authority to do so.

I hereby declare that all of the information submitted on this form is correct, true and valid. By completing this form I confirm that I am providing assurance to the Customer that the organisation is compliant with the requirements of the named Contract. I also hereby confirm that any further supporting documentation/ information not already supplied as indicated above will be provided to the Customer upon request.

Name	
Role	
Contact details	
Organisation	
Signature	
Date	

Upon completion of all sections, please return this form to the named Contract Manager, within the timeframe given, at the top of this form.