**ANNEX 2 – ALL SUPPLIERS**

**Plan International Supplier Questionnaire**

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| Thank you for your interest in this tender. As part of a due diligence process, we require all applicants to complete this form. As a child centred organisation Plan International promotes the rights of children and girls around the world and wishes to ensure that all companies we work with strive for the same or similar values to that which we do. Our Values outline how we should work to secure the change we want to see in the world and to achieve our [**purpose**](https://planinternational.sharepoint.com/sites/planetapps/strategy/strategy/Pages/purpose.aspx).  We strive for a just world that advances children's rights and equality for girls, and we motivate our people and partners to:   * empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls, exclusion and vulnerability * drive change in practice and policy at local, national and global levels through our reach, experience and knowledge of the realities children face * work with children and communities to prepare for and respond to crises, and to overcome adversity * support the safe and successful progression of children from birth to adulthood   The information collected via this form allows Plan International to review your company’s background, ethical standards and practices. We review the information provided to assess your company’s capacity, both staffing levels and financial standing, and to ensure there is no conflicts of interest. In addition to this we use the form to confirm company registration status and certifications and to ensure a geographical/ physical presence exists to enable us to comply with all local laws. The information in this form will remain confidential and will only be used during the tendering process.  If you have any questions or queries about the form, please contact tenders@plan-international.org    Please note that if your company, parent company or subsidiary has any involvement in the any of the following industries or practices you will be automatically disqualified from this process.     * Manufacture, supply or distribution of Alcohol * Manufacture, supply or distribution of Tobacco * Manufacture, supply or distribution of Armaments * Production, distribution and/or marketing of Pornography | | | | | | | | | | | |
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| Please return the completed form as part of your bid. | | | | | | | | | | | |
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| Name | | | | Department | | | | Email Address | | | |
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| Part A: Your Company Information | | | | | |  | |  |  |  |  |
| A1. Please provide the name of your business and any parent or subsidiary companies | | | | | | | | | |  |  |
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| A2. Please provide all addresses of your registered businesses and any parent or subsidiary companies | | | | | | | | | |  |  |
| Registered Office | | Ordering Address (if different) | | | | Payment Address (if different) | | | | |  |
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| A3. Please provide your telephone number, web site address and central email address (if applicable) | | | | | | | | | |  |  |
| Phone | | | | | Web Site | | | | | |  |
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| Email | | | | | | | | | | |  |
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| A4. Complete the following information for your various operational locations as follows below | | | | | | | | | |  |  |
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| Office Location | | | Functions carried out at this location | | | | Number of staff | | | |  |
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| **A5**. Please state the nature of your business and your main products / services | | | | | | | |  |  |
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| **A6**. Please specify the product(s) or service(s) you are proposing to supply to Plan International | | | | | | | | | |
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| **A7**. Please provide your company registration number, number of years in business and VAT number (or equivalent): | | | | | | | |  |  |
|  |  |
| Company Reg. No | | | Years in Business | | | VAT Number | |  |  |
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| **A8**. What is the legal status of your business? | | | | | | | |  |  |
| Public Limited Company | | |  |  | Partnership | |  |  |  |
| Not for profit organisation | | |  |  | Sole Trader | |  |  |  |
| Private Company | | |  |  | Government Agency | |  |  |  |
| Self Employed | | |  |  | Other |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **A9**. In which country/countries are you registered and paying company taxes? | | | | | | | | | |
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| **A10.** Please provide of your tax status, audit findings and management actions from the past 2 years | | | | | | | | | |
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| **A11**. Financial Year Dates | | | | | |  | |  |  |
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| Please provide financial information on the following: | | | | | |  | |  |  |
| Company turnover and currency | | | | | |  | |  |  |
| Net Income | | | | | |  | |  |  |
| Net Income Growth | | | | | |  | |  |  |
| Turnover of the part of the business that would supply Plan International | | | | | |  | |  |  |
| Plan International business as a % of total business (current or projected) | | | | | |  | |  |  |
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| **Part B: Your Workforce** | | | | | | | | | |
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| |  |  |  |  | | --- | --- | --- | --- | | **B1**. How many people in total does the company employ? |  |  |  | |  |  |  |  | | | | | | |  | |  |  |
| **B2**. % of female employees / % of male employees | | | | | |  | |  |  |
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| **B2.2** Is your organisation a Gender Responsive Enterprise? Yes/ No  If yes, please provide details and include any robust gender equality initiatives in place e.g. Women Empowerment Principles signed (<https://www.weps.org/>), gender equality policy and other programmes implemented   |  | | --- | |  | | | | | | |  |  |  |  |
| *Plan International defines Gender- Responsive Enterprise as one that meets criteria for integrating gender equality and women’s empowerment principles in its policies and practices that are in alignment with international norms and standards. This could be:*   1. *A Women-Owned Business: A legal entity in any field that is more than 51% owned, managed and controlled by one or more women.* 2. *A Women-led business: A legal entity in any field that has a minimum of 50%women representation in management with senior-level, strategic decision-making capabilities.* 3. *A Gender-responsive business: Legal entity that actively promotes gender equality and empowerment of women and young women through their policies and labour practices.*   **B3.** Provide your staff turnover per annum for the last 3 years | | | | | |  | |  |  |
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| **B4**. Does your company have any of the following policies or statements? Please provide copies: | | | | | | | |  |  |
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| Harassment in the workplace / Grievance / Bullying | | |  |  | Social Objectives | |  |  |  |
| Training and Development | | |  |  | Health & Safety | |  |  |
| Employee Conflict of Interest | | |  |  | Diversity |  |  |  |
| Environmental | | |  |  | Equal Opportunities | |  |  |
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| **B5**. What % of your workforce are on the minimum wage? | | | | | | |  |  | | | |  |  |
| **B6**. Are you a living wage employer? | | | | Yes / No | | | | | | | |  |  |
| **B7**. If not, do you have plans to become a Living Wage Employee in the next 12 months? | | | | | | | | Yes / No | | | |  |  |
| **B8**. What % of your workforce are on the Living Wage? | | | | | | |  |  | | | |  |  |
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| **B9**. What are the normal weekly working hours for employees? | | | | | | | | |  |  | | |  |
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| **B10**. Is overtime voluntary? | | |  | |  |  | | |  | |  |  |  |
| Yes |  |  | Sometimes | | |  | | |  | |  |  |  |
| No |  |  | Not applicable i.e. no overtime worked | | | | | | | |  |  |
| **B11**. Is it paid at a premium rate? | | |  | |  |  | | |  | |  |  |  |
| Yes |  |  | Time off in lieu given | | | | | |  | |  |  |  |
| No |  |  | Depends on employee | | | | | |  | |  |  |
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| **B12**. What is the youngest age at which someone can be employed by the company? | | | | | | | | | | | |  |  |
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| **B13.** How do you ensure employees are aware of their rights? | | | | |  | |  |
| Written contracts |  |  | Staff notice boards |  | |
| Email notifications |  |  | Inductions |  | |
| Employee handbook |  |  | Other (please specify) |  | |

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| **Part C: Your Company Operating Standards** | | | | | | | | | | |
| **C1**. Does the company have any recognised Operational Standards for products supplied to Plan International | | | | | | | | |  |  |
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|  | Quality e.g. ISO9000 | | Environment e.g. ISO14001 | | | Labour e.g. SA8000 | | Training e.g. Investors in People | | | |
|  |
| Certified to : |  | |  | | |  | |  | | | |
| Working towards: |  | |  | | |  | |  | | | |
| Other standards: |  | | | | | | | | | | |
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| **C2**. Is there anyone designated as being responsible for Health and Safety issues for your company? Yes / No | | | | | | | | |  |  |
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| Please provide details below; | | |  | |  |  |  |  |  |
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| **C3.** Did you carry out any Health & Safety risk assessments last year? Yes / No | | | | | | | | |  |  |
| Please provide details of the last risk assessment and key findings /recommendations actioned below; | | | | | |  |  |  |  |
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| **C4**. Has the company had a labour standards audit carried out? | | | | | | | Yes / No | |  |  |
| Please provide details of the results of the last audit and key findings / recommendations requiring action below; | | | | | | |  |  |  |
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| **C5**. Plan International has a stringent ethical supplier engagement policy, and therefore is sensitive to any possible links to high risk commodities and practices. Please provide evidence as to how your company meets standards regarding child labour, armaments, anti-bribery and corruption and anti-slavery? Please provide information below; | | | | | | | | |  |  |
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| **Part D: Your Supply Chain** | | | | | | |
| **D1**. How do you assess suppliers? Please provide more details in space provided | | | | | | |
| Questionnaires |  |  | Visits |  |  | |
| Internal Audits |  |  | 3rd Party Audits |  |  | |
| Other |  |  |  |  |  | |
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| **D2**. Please provide details of frequency and nature of assessments below: | | | | | | |
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| **D3**. If you supply goods to Plan International, please list the main components you purchase / subcontract / outsource and the country of manufacture. If possible please attach a map showing evidence of supply chain traceability and assurance. | | | | | | |
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| **D4**. Please read the following carefully. | | | | | | | | | | | | |  |  |
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| Please select if your company, any parent or subsidiary, for these goods / services has any involvement in the any of the following industries or practices | | | | | | | | | | | | |  |  |
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| **Industry or practice** | | | | | | | | **Yes** | | **No** | **% of net income this activity represents?** | |
| Manufacture, supply and distribution of tobacco | | | | | | | |  | |  |  | |
| Manufacture, supply and distribution of alcohol | | | | | | | |  | |  |  | |
| Manufacture, marketing and distribution of armaments | | | | | | | |  | |  |  | |
| Production, distribution and/or marketing of pornography | | | | | | | |  | |  |  | |
| Mining and production of non-renewable energy (e.g. oil, gas, coal) | | | | | | | |  | |  |  | |
| Commercial Gambling | | | | | | | |  | |  |  | |
| Genetically Modified Organisms (GMOs) and chemical pesticide manufacturers | | | | | | | |  | |  |  | |
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| **D5**. Please describe or provide evidence of the processes you follow in your supply chain to assure against these risk areas: | | | | | | | | | | | | |  |  |
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| **D6**. How do you ensure compliance with the Modern Slavery Act? | | | | | | | | | | | | |  |  |
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| **D7**. How do you screen your suppliers against modern slavery on their supply chain, e.g. trafficking, slavery, forced labour and child labour? | | | | | | | | | | | | |  |  |
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| **D8**. Do you have your own Code of Conduct for your supply chain? | | | | | | | | | | | | |  |  |
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| **Part E : Continuous Improvement** | | | | |  | |  |  | |  | | |  |  |
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| **E1**. What actions are currently taking place or planned in the next year relating to any of the areas mentioned in this questionnaire. | | | | | | | | | | | | |  |  |
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| a) In your company | | Progress | | | | | | | | | | |  |
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| Plan | | | | | | | | | | |  |
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| b) In your sourcing from suppliers | | Progress | | | | | | | | | | |  |
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| Plan | | | | | | | | | | |  |
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| **E2**. Declaration (to be completed by senior manager responsible for governance and ethics. Please insert electronic signature or type name). | | | | | | | | | | | | |  |  |
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| I confirm that all the information given is accurate. For and on behalf of the supplier: | | | | | | | | | | | | |  |  |
|  |  |  |  | |  | |  |  | |  | | |  |  |
| Signature | | | | | Name | | | | | | | |  |  |
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| Position | | | | | Date | | | | | | | |  |  |
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| **OFFICE USE ONLY** | | | | | | | | | | | | |
| Supplier checks carried out within last 12 months? | | | | | | | | | | | | Yes / No |
| Anti-Terriorist Check carried out?  Accounts Reviewed?  Third Party Supplier notes included?  Companies House Check (UK registered companies)? | | | | | | | | | | | | Yes / No  Yes / No  Yes / No  Yes / No |
| Expected annual spend | | Under 5k |  | | £5k-£25k | |  | Over £25k | |  | | |  |
| Questionnaire Section | | Risk Flags | | Notes | | | | | | | | |
| A | |  | |  | | | | | | | | |
| B | |  | |  | | | | | | | | |
| C | |  | |  | | | | | | | | |
| D | |  | |  | | | | | | | | |
| Rated By: | Name |  | | | | Date | | |  | | | |
| Notes/Comments/Follow Up/Concerns | | | | | | | | | | | | |
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