Medical Teams International

**ANNEX 2 - Medical Teams Interational Supplier Questionnaire**

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| Thank you for completing this form. The questionnaire needs to be completed by a senior manager responsible for Governance and Ethics and then returned to the Medical Teams (electronic version preferred) with your bid. Where information does not fit in the given space, additional information can be referenced in this document and attached. | | | | | | | | | | |
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| Part A: Your Company Information | | | | | |  |  |  |  |  |
| A1. Please provide the legal name of your business and any parent or subsidiary companies | | | | | | | | |  |  |
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|  |  |  | |  |
| Registered Office Address | | 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 | | | | |  |
|  |
| 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 Medical Teams International (do not including pricing information) | | | | | | | | | | |
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| **A7**. Please provide your company registration number, number of years in business and VAT number (or equivalent): | | | | | | | | | |  | |  |
|  | |  |
| Company Registration Number | | | 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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| Please provide any legal issues relevant to this bid (e.g. tax status, audit findings, management actions from the past 5 years) | | | | | | | | | | |
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| **A10**. Financial/Fiscal Year Dates | | | | | |  | | | |  | |  |
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| Please provide financial information on the following for the past three years: | | | | | |  | | | |  | |  |
| Company turnover and currency | | | | | |  | | | |  | |  |
| Net Income | | | | | |  | | | |  | |  |
| Net Income Growth | | | | | |  | | | |  | |  |
| Turnover of the part of the business that would supply Medical Teams International | | | | | |  | | | |  | |  |
| Medical Teams 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 | | | | | |  | | | |  | |  |
| **B3**. Diversity of workforce | | | | | |  | | |  |  | |  |
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| **B4.** Provide your staff turnover per annum for the last 3 years | | | | | |  | | | |  | |  |
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| **B5**. Do you use homeworkers in any part of the business? | | | | | | Yes / No | | | |  | |
| **B6**. If Yes, approximately how many? | | | | | |  | | | |  | |
| **B7**. What processes do they carry out? | | | | | | | | | |  | |  |
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| **B8.** Confirm which policies you have in place | | | | | | | | | |  | |  |
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| Code of Ethics | | |  | |  | | Social Objectives | |  |  | |  |
| Training and Development | | |  | |  | | Health & Safety | |  |  | |
| Employee Conflict of Interest | | |  | |  | | Diversity | |  |  | |
| Harassment in the workplace / Grievance / Bullying | | |  | |  | |  | | | | |
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| **B9**. Are employees free to join or form a trade union? | | | | | | |  | Yes / No | |  | |  |

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| **B10**. Are any other forms of representation used? If so, give details: | | | | | | | | | | | |  | |  |  | |  |
| Employee share ownership | | | | |  | |  | | Works council | | | | |  |  | |  |
| Workers co-operative | | |  | |  | |  | | Staff association | | | | |  |  | |
| Elected Health & Safety Committee | | | | |  | |  | | Other (please specify | | | | |  |  | |
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| **B11**. How do you ensure employees are aware of their rights? | | | | | | | | | | | |  | |  |  | |  |
| Written contracts | | |  | |  | |  | | Staff notice boards | | | | |  |  | |  |
| Email notifications | | |  | |  | |  | | Inductions | | | | |  |  | |
| Employee handbook | | |  | |  | |  | | Other (please specify) | | | | |  |  | |
| Intranet |  | |  | |  | |  | |  | |
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| **B12**. Please indicate ways in which you consult employees about decisions which affect them, and get their feedback or ideas : | | | | | | | | | | | | | | |  | |  |
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| Employee Engagement Survey | | |  | |  | |  | | Staff  Meetings | | |  | |  |  | |  |
| Other (please specify) | | |  | |  | | | |  | | |  | |  |  | |  |
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| **B13**. What % of your workforce are on the minimum wage? | | | | | | | | | |  | | |  | |  | |  |
| **B14**. Are you a living wage employer? | | | | | | Yes / No | | | | | | | | |  | |  |
| **B15**. If not, do you have plans to become a Living Wage Employee in the next 12 months? | | | | | | | | | | | | | Yes / No | |  | |  |
| **B16**. What % of your workforce are on the Living Wage? | | | | | | | | | |  | | |  | |  | |  |
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| **B17**. What are the normal weekly working hours for employees? | | | | | | | | | | | |  | | |  | |  |
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| **B18**. Is overtime voluntary? | | | | |  | |  | |  | | |  | |  |  | |  |
| Yes |  | |  | | Sometimes | | | |  | | |  | |  |  | |  |
| No |  | |  | | Not applicable i.e. no overtime worked | | | | | | | | |  |  | |
| **B19**. Is it paid at a premium rate? | | | | |  | |  | |  | | |  | |  |  | |  |
| Yes |  | |  | | Time off in lieu given | | | | | | |  | |  |  | |  |
| No |  | |  | | Depends on employee | | | | | | |  | |  |  | |
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| **B20**. What is the youngest age at which someone can be employed by the company? | | | | | | | | | | | | | | |  | |  |
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| **Part C: Your Company Operating Standards** | | | | | | | | | | | | | | | | | |
| **C1**. Does the company have any recognised Operational Standards for products supplied to Medical Teams 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**. Medical Teams International has a stringent ethical 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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| **C6**. What is your company’s carbon footprint (before any off-setting)? | | | | | | | | | | | |  | |  |  | |  |
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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 Medical Teams 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, any sub-contractor or supplier 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** | |  |
| Manufacture and marketing of tobacco | | | | | | | | |  |  | |  |
| Manufacture and marketing of alcohol | | | | | | | | |  |  | |  |
| Manufacture, marketing and distribution of armaments | | | | | | | | |  |  | |  |
| Extractive industries – specifically oil, gas, metal and mineral extraction and production | | | | | | | | |  |  | |  |
| Genetically Modified Organisms (GMOs) and pesticide manufacturers | | | | | | | | |  |  | |  |
| Gambling – commercial and not-for-profit entities (in particular, National/state lotteries) | | | | | | | | |  |  | |  |
| Manufacture and marketing of breast mike substitutes | | | | | | | | |  |  | |  |
| Production of non-renewable energy (e.g. oil, gas, coal) | | | | | | | | |  |  | |  |
| Manufacturing and marketing of pharmaceuticals | | | | | | | | |  |  | |  |
| Practices that involve the abuse or exploitation of any child or adult (including child labour) | | | | | | | | |  |  | |  |
| Bribery and corruption allegations or practices | | | | | | | | |  |  | |  |
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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 assume 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 | | | | | | | |  |  |
|  |  |
| 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?  Other vetting checks? | | | | | | | | | | | 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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