



Health Facility Guidelines

Health Facility Design Consultants Pre-Qualification Application Form

Purpose:

Only pre-qualified organisations will be allowed to participate in the Approval process for Health Facilities. Through this restriction, the Local Health Authority aims to ensure that capable and experienced design consultants conduct the design of Health Facilities.

In order to pre-qualify with Health Authorities, Architects and Health Planners and MEP Engineering Companies are required to demonstrate their health project experience by filling out the Consultant Pre-qualification Application Form.

Pre-requisites:

There must be an established office located in the Local Health Authority.

Process to Lodge this Application Form:

Print and fill out this form, sign the declaration page and submit it to the Local Health Authority along with all additional documents required.

The Local Health Authority only pre-qualifies consultants that are recognised as acceptable legal entities in the Local Health Authority area. The Local Health Authority will not pre-qualify a Business Name, Trust or an entity that is under any form of external administration.

The Local Health Authority will review and evaluate the credentials of the prospective organisation(s) based on the information provided. The Local Health Authority may arrange a time to inspect the premise of the applicant's registered office to assess operational capacity. The Local Health Authority may invite the applicant for an interview to assist with the process.

All information submitted for pre-qualification evaluation purposes will be considered precise and truthful by the Local Health Authority. The Local Health Authority will ensure its confidentiality in compliance with the Federal Law.

The acceptance of the consultant's pre-qualification will be at the Local Health Authority's discretion. The Local Health Authority will reserve all rights to reject any submitted pre-qualification proposals.

Other Notes to Applicants:

- Applicants shall answer all questions on the application form accurately and concisely. Where the information requested is not applicable, the applicant shall clearly indicate the reason(s).
- The Local Health Authority will only discuss or disclose details of the pre-qualification process to the nominated person(s) under Section 5 below. The applicant is required to provide the appropriate contacts for this purpose.
- Where supplementary information is provided (in addition to the application form), this shall be appropriately referenced to the relevant sections on the application form.
- The applicant shall retain a copy of the submitted application form and all supplementary materials.

**1 General Application Details:**

1.1	Current pre-qualification level, if already pre-qualified:	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2
		<input type="checkbox"/> Tier 3	<input type="checkbox"/> Tier 4
1.2	Pre-qualification level pursued:	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2
		<input type="checkbox"/> Tier 3	<input type="checkbox"/> Tier 4
1.3	Is this an individual or company?	<input type="checkbox"/> Individual	<input type="checkbox"/> Company

Supplementary Information Required:

- A copy of the company's pre-qualification certificate, if already pre-qualified.

2 Company Profile and Company Registration Details:

2.1	Registered Name:	
2.2	Current Trading Name:	
2.3	Other Trading Names (if applicable):	
2.4	Registered Address:	
2.5	Telephone Number:	
2.6	Fax Number:	
2.7	Email Address:	
2.8	Website (if any):	
2.9	Type of Organisation: (Please tick one)	<input type="checkbox"/> Public Limited <input type="checkbox"/> Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other (please specify)
2.10	Company Registration with the Local Authority:	
2.11	Name of Authority:	
2.12	Registration Number:	
2.13	Date of Registration:	
2.14	Registered Address (if different from the above):	

Supplementary Information Required:

- A copy of the company's trade license. For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- The company's organisational chart.



3 Healthcare Project Experience:

The Health Facility Consultant is to demonstrate its healthcare project experience through submitting a separate report providing the following information, for each relevant project carried out in the last five years. Each project should be covered in a maximum of two pages (one preferred).

3.1	Project Name:	
3.2	Client:	
3.3	Client Contact Details:	
3.4	Location:	
3.5	Healthcare Facility Type:	
3.6	Size (GFA in m ²):	
3.7	Project Value:	
3.8	Project Commencement Date:	
3.9	Project Completion Date:	
3.10	Role(s) on the project:	
3.11	Picture:	Insert at least one picture

Supplementary Information Required:

- Relevant healthcare project experience. Provide a project summary list with the information as shown above. Listed projects should be separated based on their location - within the Local Health Authority area.

4 Health Facilities Design Capabilities:

The Health Facility Consultant is required to demonstrate its capabilities (including qualifications and limitations) to provide design services against each of the categories below.

4.1 Architectural Services	
4.1.1	Master Planning:
4.1.2	Feasibility and Project Risk Management:
4.1.3	Conceptual Design and Briefing:
4.1.4	Schematic Design:
4.1.5	Design Development:



4.1.6	Design Documentation and Coordination:	
4.1.7	Project Management:	
4.1.8	Site Supervision:	
4.1.9	Project Commissioning and Certification – Pre and Post-Occupancy:	
4.1.10	Facilities and Asset Management:	
4.2	Engineering Services	
4.2.1	Mechanical and HVAC (including Medical Gases):	
4.2.2	Electrical (power, lighting, ELV, lightning protection), IT and Communications:	
4.2.3	Public Health (plumbing, drainage, LPG gas):	
3.2.4	Biomedical Engineering:	



5 Personnel Capabilities:

In the case of an individual consultant, the capabilities of the individual should be demonstrated in the following form. In the case of a company or similar legal entity, the applicant is required to demonstrate the capabilities of at least four key individuals including 50% of the Directors in the following form. Use one page per person.

5.1 Key Personnel 1		
5.1.1	Name:	
5.1.2	Title or Position:	
5.1.3	Date of Birth:	
5.1.4	Professional Qualifications:	
5.1.5	Responsibilities within Organisation:	
5.1.6	Years of experience in healthcare design:	
5.1.7	Relevant project experiences (include company, project names, project role etc.):	

Supplementary Information:

- Personnel CV's showing the background and experience of the individuals may be submitted in addition to the above form (maximum three pages each, one preferred)

6 Nominated Contacts for Enquiries:

Should the Local Health Authority require further details, they may wish to contact the relevant person within your organisation to discuss managerial, technical or financial matters. Please provide details as requested below.

6.1 Managerial Enquiries		
6.1.1	Name:	
6.1.2	Position:	
6.1.3	Telephone:	
6.1.4	Email:	
6.2 Technical Enquiries		
6.2.1	Name:	
6.2.2	Position:	
6.2.3	Telephone:	
6.2.4	Email:	



6.3 Financial Enquiries	
6.3.1	Name:
6.3.2	Position:
6.3.3	Telephone:
6.3.4	Email:

7 Business Capabilities:

7.1	The main business activities of your organisation:							
7.2	Any professional or trade bodies of which your organisation is a member:							
7.3	Total number of employees overall:							
7.4	Number of employees in office(s):							
7.5	Approximate permanent staff turnover in the last three calendar year:	<table border="0"> <tr> <td>Year:</td> <td>Year:</td> <td>Year:</td> </tr> <tr> <td>Percentage:</td> <td>Percentage:</td> <td>Percentage:</td> </tr> </table>	Year:	Year:	Year:	Percentage:	Percentage:	Percentage:
Year:	Year:	Year:						
Percentage:	Percentage:	Percentage:						
7.6	Does your organisation deal with any of these regulatory bodies on a regular basis?	Municipality <input type="checkbox"/> YES <input type="checkbox"/> NO						
		Urban Planning Council <input type="checkbox"/> YES <input type="checkbox"/> NO						
		Civil Defence <input type="checkbox"/> YES <input type="checkbox"/> NO						

8 Legal Information:

8.1	Has your organisation ever been convicted of a criminal offence related to business or professional conduct?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.2	Has any of the owner's officers or major shareholders of your organisation ever been indicted or convicted of any criminal conduct?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.3	Has your organisation ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.4	Does your organisation have any outstanding judgements or claims against it?	<input type="checkbox"/> YES <input type="checkbox"/> NO



8.5	Has your organisation ever been disbarred or otherwise precluded from pursuing public work, or ever been found to be non-responsive by a public agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.6	Has your organisation or any of its principals ever petitioned for bankruptcy or been terminated on a contract awarded to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.7	Is your organisation or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Supplementary Information Required:

- If you have answered 'YES' to any of the above questions, please provide a copy of all the relevant documents related to the legal case.

9 Financial Information:

9.1	Details of your Banking Institution: Name: Branch: Contact Person and Details:	
9.2	Has your organisation met all its obligations to pay its creditors and staff during the past two years? If your answer is 'NO', please provide details of such.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.3	Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past two years? If your answer is 'NO', please provide reasons and actions taken to rectify the situation.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Supplementary Information Required:

- If you have answered 'NO' to any of the above questions, please provide details as requested.

10 Insurance:

	Provide details and relevant document of your current insurance cover:	Value:
10.1	Employer's Liability:	
10.2	Public Liability:	
10.3	Professional Indemnity:	
10.4	Other (please provide details):	

Supplementary Information Required:

- Please provide a copy of all your insurance policy certificates.



11 Quality Assurance:

11.1	Does your organisation hold an internationally recognised Quality, Health, Safety and Environment (QHSE) management certification equivalent to ISO 9001?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.2	If not, please explain the current processes and/or procedures currently adopted for QHSE management.	

Supplementary Information Required:

- If you have answered 'YES' to Question 10.1, please provide a copy of your QHSE Certificate.

12 Safety Record and Program:

12.1	Describe the procedures implemented by your company for regular monitoring and conducting periodic reviews on your Health and Safety matters.	
12.2	Describe the risk assessment/management process of your organisation.	
12.3	Describe the Health and Safety assessment criteria your organisation uses on other sub-contractors employed by your organisation.	

Supplementary Information Required:

- A copy of your current Health and Safety Policy Statement must be provided with this application.



13 References:

Provide details of three business contacts for references; preferably, each individual will be from a different organisation in either the public or private sector.

13.1 Reference 1	
13.1.1	Name of Organisation:
13.1.2	Name of Contact Person:
13.1.3	Title of Contact Person:
13.1.4	Contact Number / Email:
13.1.5	Type of Contract / Project Description:
13.1.6	Contract Value:
13.1.7	Contract Period:
13.2 Reference 2	
13.2.1	Name of Organisation:
13.2.2	Name of Contact Person:
13.2.3	Title of Contact Person:
13.2.4	Contact Number / Email:
13.2.5	Type of Contract / Project Description:
13.2.6	Contract Value:
13.2.7	Contract Period:
13.3 Reference 3	
13.3.1	Name of Organisation:
13.3.2	Name of Contact Person:
13.3.3	Title of Contact Person:
13.3.4	Contact Number / Email:
13.3.5	Type of Contract / Project Description:
13.3.6	Contract Value:
13.3.7	Contract Period:



14 Additional Information:

Please list all the additional documents/information you have provided in the space below.

- Item 1 - A copy of the company's trade license. For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- Item 1 - The Company's organisational chart.
- Item 2 - Relevant healthcare project experience.
- Item 4 - Personnel capability report.
- Item 7 - If you have answered 'YES' to any of the questions, provide a copy of all the relevant documents related to the legal case.
- Item 8 - If you have answered 'NO' to any of the questions, provide details as requested.
- Item 9 - Provide a copy of all your insurance policy certificates.
- Item 10 - If you have answered 'YES' to Question 10.1, provide a copy of your QHSE Certificate.
- Item 11 - A copy of your current Health and Safety Policy Statement.
- Other - Please specify:

15 Pre-Qualification Application Declaration:

The following must be signed by an authorised senior executive from your organisation. Only an original signature will be accepted.

I / We , hereby certify or affirm that
Applicant Name and Surname *Title of Applicant*

The information supplied is accurate to the best of my / our knowledge and that I / we accept the conditions and undertakings requested in the questionnaire. I / we understand that false information could result in my / our exclusion from the pre-qualified consultants list.

Applicant's Name, Signature and Date:

Name:
Signature:
Date:

The Indian Health Facility Guidelines recommends the use of **HFBS** “**Health Facility Briefing System**” to edit all room data sheet information for your project.

HFBS provides edit access to all HFG India standard rooms, departments, and more than 40 report templates.

HFBS Health Facility Briefing System



Briefing Module

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

Use the HFBS Briefing Module to quickly drag in health facility departments or pre-configured room templates from the HFG standard, edit the room features such as finishes, furniture, fittings, fixtures, medical equipment, engineering services. The system can print or download as PDF more than 100 custom reports including room data sheets, schedules, and more...

To learn more about the HFBS web-based Healthcare Briefing and Design Software and to obtain editable versions of the “Standard Components” including Room Data Sheets (RDS) and Room Layout Sheets (RLS) offered on the HFG website, signup for HFBS using the link below.

Get Started Now:
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HFBS

Health Facility Briefing System

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