

6.3 Appendix 03 - Consultants Pre-qualification Application Form

Health Facility Design Consultants Prequalification Application Form

Purpose:

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

In order to prequalify with Health Authorities Architects and Health Planners and MEP Engineering Companies are required to demonstrate their health project experience by filling out the Consultant Prequalification Application Form.

Pre-requisites:

There must be an established office located in the United Arab Emirates.

Process to Lodge this Application Form:

Fill out this form, sign the declaration page and submit it to DOH along with all additional documents required.

DOH only prequalifies Consultants as individuals or Companies which are recognised as acceptable legal entities in the United Arab Emirates. DOH will not prequalify a Business Name, Trust or an entity that is under any form of external administration.

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

All information submitted for prequalification evaluation purposes will be considered precise and truthful by DOH. DOH will ensure its confidentiality in compliance with the Federal Law.

The acceptance of the Consultant's pre-qualification will be at DOH's discretion. DOH will reserve all rights to reject any submitted prequalification 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).
- DOH 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.
- A copy of the submitted application form and all supplementary materials shall be retained by the applicant.

Prequalification requirements per Category

The forms below will require information regarding the level of experience of Individuals or Companies. In the case of companies, the only experience that qualifies is related to the current employees, not experience of past employees. Experience of the company may include the experience of its current staff. Also as per the provisions of Part A of these Guidelines, a minimum of 50% of the Directors of the company must have the experience required and set out below.

If a Company has in the past performed Healthcare projects but the current staff and Directors are not sufficiently experienced in Healthcare design, the past experience will not be considered and should be left out of the prequalification documents submitted. Consultants should submit the records of experience related only to their own input and design discipline. Consultants may not take credit for projects outside their own area of design discipline or carried out by others under a sub-contract. Any falsification or gross exaggeration of such records will result in the disqualification of the Consultants.

The prequalification experience of Individuals and companies represent the same requirements mentioned in Part A of these guidelines in relation to the complexity of facility types linked to the minimum Prequalification level required. For example, certain complex healthcare facility types will require design consultants Prequalification at Category 3. Therefore, in the prequalification applications the consultants who seek prequalification at Category 3 will be required to show experience in such complex healthcare facilities (ie Hospitals). These are re-stated for maximum clarity below:

Consultants Prequalification Category 1

Design Consultants who seek Prequalification Category 1 only need to have professional qualifications in the respective Architectural and Engineering fields. Deep experience specifically for healthcare facilities is not required. Category 1 Consultants are only permitted to design and submit plans for facility types other than Hospitals, Day Care Surgery, Dialysis, IVF, Medical Imaging, Laboratories or Medical Centres incorporating Medical Imaging or Laboratory facilities. Consultants who wish to be prequalified under Category 1 only need to submit their academic qualifications in the respective Architectural or Engineering field plus experience of general building design and construction monitoring.

In the case of individual consultants, the minimum academic qualification will be Bachelor's Degree.

In the case of Companies, the minimum academic qualification for 50% of the Directors will be Bachelors Degree in the respective field of Architecture or Engineering.

Consultants Prequalification Category 2

Design Consultants who seek prequalification under Category 2 must have the same qualifications as in Category 1 plus past experience in the design of medium complexity healthcare facilities such as Day Surgery, Medical Imaging, Laboratory and Renal Dialysis.

The prequalification submission material must support this type of experience.

Consultants Prequalification Category 3

Design Consultants who seek prequalification under Category 3 must have the same qualifications as in Category 1 and 2 plus past experience in the design of high complexity healthcare facilities such as Hospitals.

The prequalification submission material must support this type of experience.

1 Application Purpose:

☐ New Prequalification ☐ Renew Current Prequalification ☐ Upgrade Current Prequalification

Notes to Applicants:

For a Renew of a Current Prequalification, Applicant must fill out and update the below section 2,3, 6 and 7.

2 General Application Details:

2.1	Current Prequalification level if already prequalified:	☐ Category 1	☐ Category 2	☐ Category 3
2.2	Prequalification level pursued:	☐ Category 1	☐ Category 2	☐ Category 3

Supplementary Information Required:

☐ A copy of the company's prequalification certificate if already prequalified.

3 Company Profile and Company Registration Details:

3.1	Registered name:	
3.2	Current Trading Name:	
3.3	Other Trading Names (if applicable):	
3.4	Registered Address:	
3.5	Telephone number:	
3.6	Fax number:	
3.7	Email address:	
3.8	Website (if any):	
3.9	Type of Organisation: (Please tick one)	☐ Public Limited ☐ Limited Partnership ☐ Sole Trader ☐ Other (please specify)
3.10	The company's registration with the Abu Dhabi Authority:	
3.11	Name of Authority:	
3.12	Registration Number:	
3.13	Date of Registration:	
3.14	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.

4 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 5 years. Each project should be covered in a maximum of 2 pages (1 preferred).

4.1	Project Name:	
4.2	Client:	
4.3	Client Contact Details:	
4.4	Location:	
4.5	Healthcare Facility Type:	
4.6	Size (GFA in m ²):	
4.7	Project Value (AED):	
4.8	Project Commencement Date:	
4.9	Project Completion Date:	
4.10	Role(s) on the project:	
4.11	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 GCC and outside the GCC.

5 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.

5.1 Architectural Services		
5.1.1	Master Planning:	
5.1.2	Feasibility and Project Risk Management:	
5.1.3	Conceptual Design and Briefing:	
5.1.4	Schematic Design:	
5.1.5	Design Development:	
5.1.6	Design Documentation and Coordination:	
5.1.7	Project Management:	
5.1.8	Site Supervision:	
5.1.9	Project Commissioning and Certification – Pre and Post Occupancy:	
5.1.10	Facilities and Asset Management:	
5.2 Engineering Services		
5.2.1	Mechanical and HVAC including Medical Gases:	

5.2.2	Electrical (Power, lighting, ELV, lightning protection) , IT and Communications:	
5.2.3	Public Health (Plumbing, drainage, LPG gas):	
5.2.4	Biomedical Engineering:	

6 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 4 key individuals including 50% of the Directors in the following form. Use 1 page per person.

6.1 Key Personnel 1	
6.1.1	Name:
6.1.2	Title or Position:
6.1.3	Date of Birth:
6.1.4	Professional Qualifications:
6.1.5	Responsibilities within Organisation:
6.1.6	Years of experience in healthcare design:
6.1.7	Relevant Project Experiences (includes 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 3 pages each, 1 preferred)

7 Nominated Contacts for Enquiries:

Should DOH require further details, DOH wishes to contact the relevant person within your organisation to discuss managerial, technical or financial matters. Please provide details as requested below.

7.1	Managerial Enquiries	
7.1.1	Name:	
7.1.2	Position	
7.1.3	Telephone:	
7.1.4	Email:	
7.2	Technical Enquiries	
7.2.1	Name:	
7.2.2	Position	
7.2.3	Telephone:	
7.2.4	Email:	
7.3	Financial Enquiries	
7.3.1	Name:	
7.3.2	Position	
7.3.3	Telephone:	
7.3.4	Email:	

8 Business Capabilities:

8.1	The main business activities of your organisation:			
8.2	Any professional or trade bodies of which your organisation is a member:			
8.3	Total number of employees overall:			
8.4	Number of employees in office(s):			
8.5	Approximate Permanent Staff turnover in the last three calendar year:	Year: Percentage:	Year: Percentage:	Year: Percentage:
8.6	Does your organisation deal with these regulatory bodies on the right on a regular basis?	Municipality	☐ YES	☐ NO
		Civil Defence	☐ YES	☐ NO
		Other (please specify below):		

9 Legal Information:

9.1	Has your organisation ever been convicted of a criminal offence related to business or professional conduct?	☐ YES ☐ NO
9.2	Has any of the owner's officers or major shareholders of your organisation ever been indicted or convicted of any criminal conduct?	☐ YES ☐ NO
9.3	Has your organisation ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?	☐ YES ☐ NO
9.4	Does your organisation have any outstanding judgements or claims against it?	☐ YES ☐ NO
9.5	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?	☐ YES ☐ NO
9.6	Has your organisation or any of its principals ever petitioned for bankruptcy or been terminated on a contract awarded to you?	☐ YES ☐ NO
9.7	Is your organisation or any of its owners, officers, or major shareholders currently involved in any arbitration or litigation?	☐ YES ☐ 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.

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 (AED)
11.1	Employer's Liability:	
11.2	Public Liability:	
11.3	Professional Indemnity:	
11.4	Other (please provide details):	

Supplementary Information Required:

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

11 Quality Assurance:

12.1	Does your organisation hold an internationally recognised Quality, Health, Safety and Environment (QHSE) management certification equivalent to ISO 9001?	☐ YES ☐ NO
12.2	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 References

Provide details of three business contacts for reference. Preferably each individual will be from a different organisation in either the public or private sector.

14.1	Reference 1
14.1.1	Name of Organisation:
14.1.2	Name of Contact Person:
14.1.3	Title of Contact Person:
14.1.4	Contact Number/ Email:
14.1.5	Type of Contract/ Project Description:
14.1.6	Contract Value (AED):
14.1.7	Contract Period:

14.2	Reference 2	
14.2.1	Name of Organisation:	
14.2.2	Name of Contact Person:	
14.2.3	Title of Contact Person:	
14.2.4	Contact Number/ Email:	
14.2.5	Type of Contract/ Project Description:	
14.2.6	Contract Value (AED):	
14.2.7	Contract Period:	
14.3	Reference 3	
14.3.1	Name of Organisation:	
14.3.2	Name of Contact Person:	
14.3.3	Title of Contact Person:	
14.3.4	Contact Number/ Email:	
14.3.5	Type of Contract/ Project Description:	
14.3.6	Contract Value (AED):	
14.3.7	Contract Period:	

13 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 9 – If you have answered ‘yes’ to any of the questions, provide details as requested.
- ☐ Item 10 – Provide a copy of all your insurance policy certificates.
- ☐ Item 11 – If you have answered ‘yes’ to Question 10.1, provide a copy of your QHSE Certificate.
- ☐ Other – if so, please specify:

14 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:

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Signature:

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Date: