**Vendor Competency Form**

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| **Research Project Title** | <<Please provide the full title or acronym of the research project >> |

| **Company Details** |
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| **Full Name:** |  |
| **Full Address** **(including postcode):** |  |
| **Telephone:** |  | **Fax:** |  | **Email:** |  |
| **Company Website (URL):** |  |
| **Main Contact name:** |  | **Main Contact telephone number:** |  | **Main Contact****e-mail:** |  |
| **Date Company was formed** |  | **Type of Company e.g. limited, sole trader, other**  | **Please specify:** |
| **Service(s) to be provided** **(brief description):** |  |
| **Number of people Company Employs:** | **Permanent Staff:** |  |
| **Contract Staff:** |  |
| **Please provide details of any change of ownership (last 2 years):** |  | **Last review date of disaster recovery / business continuity plan**  |  |
| **In relation to the services to be provided, please describe briefly the Company’s disaster recovery / business continuity plan** **(in relation to the service(s) to be provided):** |  |

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| **Regulatory Requirements** |
| **Please list any regulatory standards to which your company works:** | **Standard** | **Type of work** |
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| **Please list any Licences/Accreditations (include dates) and provide the current certification:**  | **Licences** | **Accreditations** |
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| **Please provide a list of regulatory inspections for the last five years (where applicable):** | **Inspection type** | **Date of Inspection** |
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| **Provide a summary of the Company’s audit universe/programme (both internal and external):** | **Type of Audit** | **Frequency** |
|  |  |
| **Provide a brief description of the key outcomes of the above inspections/audits, including any findings:** |  |
| **Briefly describe the quality management system in place (include details of the SOP review system and a list of relevant SOPs):** |  |
| **Briefly outline the staff training programme for the personnel to be involved:** |  |

| **Equipment and Archiving** |
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| **Provide details of maintenance contracts for equipment relevant to service(s) provided:****(please provide a separate list if multiple items).** | **Item of equipment:** | **Maintenance provider:** | **Last maintenance date:** |
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| **Briefly describe internal archiving system(s):** |  |
| **Name and address of off-site archiving facilities (if applicable):** |  |
| **Provide a statement of inspections/audit outcomes for the above off-site facility for the last five years (if applicable):** |  |
| **Describe the systems for the retrieval of data from off-site facilities (if applicable):** |  |

| **IT and Data Management (if applicable)** |
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| **Briefly describe IT security procedures (including back-up, computer system validation, password protection policies and ‘test-restore’ process):**  |   |
| **Briefly describe Data Management systems (including details of Quality Control, GDPR compliance):** |  |

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| **Summary of Assessment (Swansea Trials Unit Use)** |
| **Areas of Concern and Mitigation :**  |
| **STU Representative Name and Position:** | **Signature:** | **Date:** |
| **STU or Sponsor Authorisation (as required) Name :**  | **Signature:** | **Date:** |