

Health Facility Guidelines

Health Facility Design Consultants Prequalification Application Form

Purpose:

Only prequalified organizations will be allowed to participate in the Approval Process for Health Facilities. Through this restriction, SHCC aims to ensure that the design of health facilities within the Sharjah Healthcare City is conducted by capable and experienced design consultants.

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

Prerequisites:

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

Process to Lodge this Application Form:

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

SHCC only prequalifies consultants that are recognized as acceptable legal entities in the United Arab Emirates. SHCC will not prequalify a Business Name, Trust or an entity that is under any form of external administration.

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

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

The acceptance of the consultant's prequalification will be at SHCC's discretion. SHCC 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)
- SHCC will only discuss or disclose details of the prequalification 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.

1 General Application Details:

1.1	Current Prequalification level (if already prequalified):	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2
		<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 4
1.2	Prequalification level pursued:	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2
		<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 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 prequalification certificate (if already prequalified).

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 Organization: (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's Registration with 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 (UAE). For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- ☐ The company's organizational chart.

3 Healthcare Project Experience:

The health facility consultant is to demonstrate their healthcare project experience through submitting a separate report providing the following information, for each relevant project carried out in the last five (5) years. Each project should be covered in a maximum of two pages (one page 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 (AED):	
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 health care project experience. Provide a project summary list with the information, as shown above. Listed projects should be separated based on their location - within the UAE, within the GCC and outside the GCC.

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):	
3.2.4	Biomedical Engineering:	

5 Personnel Capabilities:

In the case of an individual consultant, the capabilities of the individual should be demonstrated on 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/Position:	
5.1.3 Date of Birth:	
5.1.4 Professional Qualifications:	
5.1.5 Responsibilities within Organization:	
5.1.6 Years of Experience in Healthcare Design:	
5.1.7 Relevant Project Experiences (includes Company, Project Names, and Project Role etc.):	

Supplementary Information:

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

6 Nominated Contacts for Enquiries:

Should SHCC require further details, SHCC will contact the relevant person within your organization 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 organization:			
7.2	Any professional or trade bodies of which your organization is a member:			
7.3	Total number of employees overall:			
7.4	Number of employees in UAE office(s):			
7.5	Approximate permanent staff turnover in the last three calendar years:	Year:	Year:	Year:
		Percentage:	Percentage:	Percentage:
7.6	Does your organization deal with these regulatory bodies on the right on a regular basis?	Directorate of Town Planning and Survey	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Sharjah Municipality	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		MoH	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		SEWA	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Civil Defence	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Department of Civil Aviation (Sharjah)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Etisalat/Du	<input type="checkbox"/> YES <input type="checkbox"/> NO	

8 Legal Information:

8.1	Has your organization 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 organization ever been indicted or convicted of any criminal conduct?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.3	Has your organization 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 organization have any outstanding judgments or claims against it?	<input type="checkbox"/> YES <input type="checkbox"/> NO

8.5	Has your organization 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 organization 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 organization 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 Contact Details:	
9.2	Has your organization met all its obligations to pay its creditors and staff during the past two years? If answer 'No', please provide details of such.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.3	Has your organization met the terms of its banking facilities and loan agreements (if any) during the past two years? If answer '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 (AED)
10.1	Employer's Liability (min AED36,000,000):	
10.2	Public Liability (min AED36,000,000):	
10.3	Professional Indemnity (min AED36,000,000):	
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 organization hold an internationally recognized 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 organization.
12.3	Describe the Health and Safety assessment criteria your organization uses on other sub-contractors employed by your organization.

Supplementary Information Required:

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

13 References

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

13.1 Reference 1	
13.1.1 Name of Organization:	
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 (AED):	
13.1.7 Contract Period:	
13.2 Reference 2	
13.2.1 Name of Organization:	
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 (AED):	
13.2.7 Contract Period:	
13.3 Reference 3	
13.3.1 Name of Organization:	
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 (AED):	
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 (UAE). For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- ☐ Item 1 - Company's Organizational 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 – if so, please specify:

15 Prequalification Application Declaration:

The following must be signed by an authorized senior executive from your organization. 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 prequalified consultants list.

Applicant's Name, Signature and Date:

Name:	
Signature:	
Date:	