**EXPRESSION OF INTEREST FOR THE APPROVED LIST FOR THE PROVISION OF SERVICES TO PEAK DISTRICT NATIONAL PARK AUTHORITY**

**REFERENCE: PDNPA/S&P/RESEARCH2022**

**(To be completed by the Consultant and returned using the details above)We are interested in carrying out the Services described in your Approved List request dated:**

Please provide the following information concerning the provisions of services (all rates excluding VAT):

|  |  |
| --- | --- |
| 1. Hourly rate | £…………………… |
| 1. Travel costs /mile | £…………………… |
| 1. Any further incidental costs | |
| 1. Please provide details of location of main base for staff. | |
| 1. Staff performing the Services | |
| 1. What Research Services can you provide? (i.e. fieldwork, report design, data processing) | |
| 1. Any further relevant information | |
| Please include the following supplementary information where appropriate:   1. Insurance certificates indicating level of cover for:    * Employers liability    * Public liability    * Professional Indemnity 2. Please state how you can demonstrate conformance below:[amend to reflect evaluation criteria]  * That the Consultant is technically competent   …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………   * That the employees performing the Services are technically competent   …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………   * A written declaration which states that the Consultant can operate with independence, impartiality and integrity and that personnel carrying out the work are adequately trained for all aspects of the work taking place.   …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  We confirm:   1. That amounts stated above have not been adjusted under any agreement or arrangement with any person;   **Signature** .................................................................................................... **Name of Consultant**:………………………………………………………………………………………..  **Address** ....................................................................................................**Date** ……………………………............................................................................... | |