QUESTIONNAIRE FOR TRAINING ACTIVITY SUPPLIER EVALUATION

Training activity/program name: **Integrated Language Training Solutions**

Training activity/program content: **On-line foreign language learning solution**

* **training portal access covering min. English, German language training**
* **language proficiency assessment tool**
* **individual online conversation Lessons One on One (30-45 min)**

Training activity/program duration:

Form: **on-line 24/7**

Number of Participants: **10 – 20 licences**

Technical equipment and rooms required: **N/A**

Other requirements:

* **WEB access**
* **individual online conversation Lessons One on One with native speakers**
* **group conversation lessons - optional**
* **open conversation lessons - optional**

Business information on Supplier:

* + - Business name:
    - Place of seat:
    - Representatives:
    - Tax ID:
    - IDN:
    - Bank
    - Account No.:

Supplier’s Statement:

I accept the above conditions without any reservations.

I accept U. S. Steel Košice, s.r.o. maturity period – 75 days.

Training activity price:

Information in the box below will be assessed. Don’t specify any other data or calculations. State price excl. **VAT.**

**Training portal access ........................................ EUR/license**

**Individual online conversation lessons One on One ........................................ EUR/one lesson (30min)**

**Individual online conversation lessons One on One ........................................ EUR/one lesson (45min)**

Annexes:\*

|  |  |
| --- | --- |
| N/A | * Document proving duration of presence on market |
| N/A | * References – experiences – according to the size and production focus of the company – similar to USSK , above 1000 employees, below 1000 employees, provide contact person and tel. numbers in order to verify the reference |
| **required** | * **Description of the solution** |
| N/A | * Certificate on qualification of Supplier – if the status of training activity requires it |
| N/A | * Personal profile of lectors providing given training activity |
| N/A | * Copy of statement from Commercial Register and Small Business Register |
| N/A | * Description of the arrangements for the protection of the personal data of the customer's employees |
| **required** | * **Price offer with detailed description** |

Date: ........................................................

Stamp, name, signature

Note: Required documentation of annexes is dependent on the choice of a particular training activity / program.