

Brunei Shell Petroleum Co Sdn Bhd Jalan Utara, Panaga Seria KB3534 Negara Brunei Darussalam Website: www.bsp.com.bn

> Tel: +673 3373999 Fax: +673 3372040

27th September 2023

Dear Sir/Madam,

Invitation for 'Expressions of Interest' for PROVISION OF MENTAL HEALTH SERVICES

Brunei Shell Petroleum Co. Sdn Bhd (COMPANY) is seeking Expressions of Interest (EoI) from companies for the **PROVISION OF MENTAL HEALTH SERVICES.**

Tender Scope:

The scope of work shall include but not limited to the following:

- 1. Provision of Counselling and Psychotherapeutic services at Panaga Health
- 2. Provision of Counselling and Psychotherapeutic services off-site
- 3. Provision of Critical Incident Stress Debriefing or other ad-hoc services as required
- 4. Online counselling for BSP/BSJV employees or family members
- 5. 24-Hour helpline services for BSP/BSJV employees, coordinated by Panaga Health

Local Business Development (LBD)

Brunei Shell Joint Venture (BSJV) Companies' LBD requirements are in line with the LBD Directives as issued by the Department of Energy (DoE). This scope falls under the **Highly Specialised** Quadrant of the LBD Framework.

- Eol is open for all companies;
- Target for recruitment and development of suitably qualified Bruneian staff, including graduates will be part of Tender / Contract.

Tender/Contract Schedule

Planned Tender Date: Q1 2024Contract Duration: 5 years

Registration of Vendor in SMART system

- Kindly register your company under MEDICAL SERVICES by 18th October 2023.
- For non-BSJV registered vendor, please refer to https://www.bsp.com.bn/main/icv/doing-business-with-bsjv/getting-registered for further information on how to register with BSJV.
- For details on Work Category and Product Group, please refer to: https://www.bsp.com.bn/main/icv/doing-business-with-bsjv/local-business-development/products-and-services. For existing BSJV vendors, please ensure that your company details are updated online in Smart By GEP.
- Acceptance of your company registration shall be in compliance to our registration checklist and criteria

For any SMART registration-related queries, kindly email to: bsp-scm13-vendor-registration@bsp-shell.bn.

For any EoI related queries, kindly email: siaw-ling.cheong@bsp-shell.bn with the subject header "EOI for Provision of Mental Health Services – (Company's Name)".



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Kindly fill in the EoI questionnaire and Appendix A attached herein and indicate your acceptance by ticking (\checkmark) in the respective boxes no later than <u>18th October 2023</u> via the <u>BSP ICV Website</u>. Your submission will be disqualified if the instructions are not fulfilled.

This Expression of Interest shall not be deemed to be an invitation to tender. **BSP** shall have the right and sole discretion to reject any part or all of the response made by the Contractor. **BSP** shall have the right and sole discretion to determine the bidders for this tender. This letter serves solely for the purpose of obtaining Expressions of Interest and shall neither in any way be construed as to create any legal obligation on the parties responding to this advertisement nor mentioned herein. Expenses incurred in connection to this shall be borne in its entirety by the interested parties.

Yours faithfully,
For BRUNEI SHELL PETROLEUM COMPANY SENDIRIAN BERHAD

Cheong Siaw Ling
Supply Chain Executive, Facilities Management



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EXPRESSIONS OF INTEREST FOR PROVISION OF MENTAL HEALTH SERVICES

1. Please list down the details of all owners of your company:

| Full Name | % of Shares | I/C Number and Colour | Position in Company (if any) | Authorised Signatories (Y/N) |
|-----------|-------------|--------------------------|------------------------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

2. Please complete this section by ticking YES or NO:

| | | Yes | No |
|---|--|-----|----|
| 1 | Are you willing to comply with all applicable laws and regulations of Brunei Darussalam, including Skim Persaraan Kebangksaan (SPK) for Brunei locals? | | |
| 2 | Have you or any of your key personnel worked for BSJV Companies in the last 2 years? (If 'YES' Kindly provide details in table 'A' provided below) | | |

A. Please provide Ex-BSJV details (who worked for BSJV Companies in the last 2 years) in the table below:

| Full Name | Position in Tenderer's Company | Involvement in Existing EoI/Tender (i.e. Tender Preparation; Contract Execution; etc) | Year Left BSJV Company | Job Title, Indicator, Department |
|-----------|--------------------------------------|---|------------------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |



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3. Please provide the following documentations including any revision made:

| | lease provide the following documentations including any revision made. | Yes | No |
|-----|---|-----|----|
| 1 | Bank Letter of Authorized Signatories | | |
| 2. | Scanned Coloured Copy of I/C of Owners and Directors | | |
| 3. | Copy of Akuan Kerakyatan / Surat Kerakyatan | | |
| 4. | Business Name Act (Section 16) | | |
| 5. | Certificate of Registration (Section 17) | | |
| 6. | Certificate of Incorporation of Private Companies | | |
| 7. | Memorandum of Association | | |
| 8. | Article of Association | | |
| 9. | Share Certificate | | |
| 10. | Form X | | |
| 11. | Notice of Change | | |

4. Please confirm if your company has any effective BSJV contract(s)? If yes, kindly list down below:

| Contract No. | Contract Title | Expiry Date |
|--------------|----------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | Contract No. | Contract No. Contract Title |

| 5. | Ple | ase provide contact de | tails for t | his EOI: | | | |
|----|-----|------------------------|-------------|----------|------|-------|--|
| | Na | ime: | | | | - | |
| | Ро | sition: | | | | - | |
| | Em | nail address: | | | | - | |
| | Со | ntact No.: | | | | - | |
| | | | | | | | |



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I, hereby, declare that all the information provided herein is accurate and acknowledge that BSJV companies reserve the right to exclude my Company from any subsequent tenders, should there be any deviations to such information.

| Signature | : | | | Dated this | day of | , 2023 |
|-----------------|-----------|-------------------|-----------|------------|--------|--------|
| Name | : | | | | | |
| Position Held | ÷ | | | | | |
| Contact No. | : | | (O) | | | |
| | : | | (M) | | | |
| Email | : | | <u> </u> | | | |
| | | | | | | |
| Duly authorised | to sign E | EoIs for and on b | ehalf of: | | | |
| COMPANY NAM | IE: | | | | | |
| REGISTERED AD | DRESS: | | | | | |



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Appendix A – EOI QUESTIONNAIRE FOR THE PROVISION OF MENTAL HEALTH SERVICES

1. Please list down your Company's experience and your current and previous services rendered.

| No. | Services rendered | Year |
|-----|--|------------------------|
| | e.g; 24 Hour Hotline service for mental health and counseling support. | Year 2018 till present |
| | e.g; Counseling to offshore clients. | Year 2019 till present |
| | | |

| 2. | Does your company provide 24-hour Hotline service for counselling/support? Yes / No |
|----|---|
| 3. | Are your current psychologist(s) certified? Yes / No |
| 4. | Are your current clinical psychologist(s) certified? Yes / No |
| 5. | Are your current pshychiatrist(s) certified? Yes / No |
| 6. | How many no. of psychologist(s) is currently available in your Company? |
| 7. | How many no. of clinical psychologist(s) is currently available in your Company? |
| 8. | How many no. of pshychiatrist(s) is currently available in your Company? |
| | |