**Expression of Interest (EoI) Form**

**PIN Notice – Training the Trainer Mentoring Service Barking and Dagenham (B&D)**

**Name of organisation:**

Please provide confirmation that your organisation can demonstrate the following essential criteria by ticking the appropriate box:

| **No.** | **Question** | **Yes** | **No** |
| --- | --- | --- | --- |
| 1. | Your organisation is able to demonstrate a proven track record of undertaking accredited, peer to peer mentoring programmes in both primary and secondary schools |  |   |
| 2. | Your organisation is able to demonstrate established working relationships with providers of community health services, schools, local authority education departments, headteachers and pupils. |  |   |
| 3. | Your organisation is able to secure premises/have access to premises within the NEL operating area by the required service commencement date of 1st April 2022, and be able to actively engage with pupils and key partners in B&D. |  |  |
| 4. | Your organisation is able to commence the service within a four – six week mobilisation period (including staff resources, appropriate IT equipment including IT and telecommunication equipment, etc.) from the point of award of the contract. |  |   |
| 5. | Your organisation can demonstrate that your professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service. |  |  |
| 6. | Your organisation acknowledges that TUPE may be applicable to this contract. |  |  |
| 7. | Your organisation will ensure that the service will operate Monday to Friday (including some weekends) in line with the service specification which outlines the main aims of the provision, the service to be provided within the contract and the connections to other services in the community. |  |  |
| 8. | This procurement opportunity will be hosted on ProContract, the eProcurement System. Please confirm that your organisation is already registered on or will arrange for registration on ProContract. Please provide the details of your ProContract account details or anticipated details below.<https://procontract.due-north.com/Register> |  |  |

**ProContract Account Name:**

**ProContract Associated email Address:**

**Contact Name and role:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

Please email completed form to nelcsu.enquiriesnelccg@nhs.net  by no later than 12noon on Friday 7th January 2022.