 **Occupational Therapy Services in the London Borough of Newham**

Please complete this form to **Nora Ahmed (nora.ahmed@newham.gov.uk) by 11th April 2022 at 5pm.**

By completing and returning this form you will be able to raise questions for us to respond to.

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| **Name of your Organisation** |  |
| **Address** |  |
| **Name of Key Contact** |  |
| **Position** |  |
| **Email** |  |
| **Phone Number** |  |
| **Is your organisation a:** | * **Private Sector** * **Local authority** * **Social Enterprise** * **Charity** * **Voluntary Community Sector/Third Sector** * **Other** |
| **Please provide a short introduction to your organisation (150 words max.)** |  |
| **Please indicate if you are interested in being:** | * **A Partner** * **A lead provider** * **A member of a consortium** * **Do not know yet** * **N/A** * **Other ( please specify)** |
| **Please indicate if you are interested in partnering with other providers for this service** | * **Yes** * **No** * **Do not know yet** * **N/A** |
| **If yes, please provide a short description of what specific areas you are looking for partnerships** |  |



**Please submit any questions you may have following the publication of the Prior Information Notice. These will be answered and returned to you. All questions and answers will also be shared as part of the tender pack upon publication.**

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| **Question 1** |  |
| **Question 2** |  |
| **Question 3** |  |
| **Question 4** |  |