**IT Software platform for NHS Funded Continuing Health Care (CHC)**

**Name of Organisation:**

**Contact person:**

**Contact email:**

Please describe your organisation’s experience of delivering software services for CHC systems.

|  |
| --- |
|  |

Please provide the following details of any current contracts held for the delivery of CHC Systems software.

**Please note that any information provided will be treated as strictly commercial in confidence.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CCG** | **Contract name** | **Contract term** | **Contract Value** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please return this form to the following address by no later than 12 noon on Friday 26th November 2021: nelcsu.enquiriesnelccg@nhs.net