**Meet the Buyers Event** - **LB Newham Carers Support Services**

**Date: Monday 25 May 2022 from 10.30am – 4.30pm**

**Location: Stratford Youth Zone, Theatre Square, Stratford, London, E180 1BXD**

Please complete and return this registration form to **Esther Shippen** **Esther.Shippen@newham.gov.uk** **by Thursday 22 July 2022 at 5pm.**

You are invited to complete this registration form even if you are unable to attend Meet the Buyer’s Event on Monday 25 July 2022. If you are unable to attend the event please indicate in the form below.

By completing this form you are indicating that your organisation is interested / able to deliver the objectives set out in the Prior Information Notice and expressing an interest in attending the Meet the Buyer Event. Relevant providers will receive information regarding the event and a time slot.

We will share your organisations details, including main contact person (only) with all other providers who complete and submit the registration form. If you do not wish your details to be shared please indicate this below

|  |  |
| --- | --- |
| **My organisation’s details can be shared with other providers and during tender stage** | **Yes/No**  |
| **I am unable to attend the event but would still like to receive further information about the Council’s plans during pre-procurement stage** | **Yes/No** |

|  |  |
| --- | --- |
| **Name of your Organisation** |  |
| **Address** |  |
| **Name of Key Contact** |  |
| **Position** |  |
| **Email** |  |
| **Phone Number** |  |
| **How many attendees will be attending from your organisation? If more than 1 then please provide name and email address**  |  |
| **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 and a brief summary of how your organisation would be well placed to deliver the objectives set out in the PIN****(250 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 have for the Buyers in the area provided below. These will be answered in the Meet the Buyers Event and published following this:**

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