**Corby Urgent Care Centre (Northamptonshire ICB)**

**Pre-Procurement Consent to Share Details Form**

Organisations that may wish to work collaboratively with other organisations to provide these service(s) are requested to provide consent to share their contact details in the template below.

Declaration:

I confirm that I consent to the contact details below being shared with other consenting suppliers for the purpose of facilitating collaborative working prior to the commencement of the procurement of Corby Urgent Care Centre.

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Contact Name:** |  |
| **Role:** |  |
| **Address:**  |  |
| **Landline Number:**  |  |
| **Mobile Number:** |  |
| **Email:**  |  |

Signature:

For and on behalf of:
(name of organisation)