**Expression of Interest (EoI) Form**

**PIN Notice – Care Navigator Service in BHR**

**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 person centered conversations with service users about their needs, provide advice on a range of services to promote their health and wellbeing within their local Community. |  |  |
| 2. | Your organisation is able to demonstrate established working relationships with providers of acute service providers, care homes, and other Community organisations to enable appropriate delivery and pathway management within the BHR area. |  |  |
| 3. | Your organisation is able to secure premises/have access to premises within the BHR operating area by the required service commencement date of 1st April 2022. |  |  |
| 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 healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service. |  |  |
| 6. | Your organisation will ensure that the service will operate Monday to Friday between the hours of 9.00am and 5.00pm and be flexible where necessary 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. |  |  |
| 7. | 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.procurementnorthants@nhs.net by no later than 12noon on Friday 22nd October.